

Case Number:	CM14-0015518		
Date Assigned:	02/28/2014	Date of Injury:	09/17/2012
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female with a reported date of injury on 09/17/2012. The injury reportedly occurred when she tripped on a raised sidewalk ledge and fell on her hands and knees. Diagnoses were noted to include chronic shoulder pain and left greater than right arm pain; low back and right greater than left hip and leg pain; multilevel cervical degenerative disc disease; grade 1 spondylolisthesis C2-3 on C3-4; paraspinous cervical myofascial pain syndrome suboccipital, upper trapezius, and multilevel muscles; possible left shoulder internal derangement; low back pain; lumbar degenerative disc disease; paraspinous reactive quadratus, lumbar, gluteal, vastus lateralis, and gastrocnemius trigger points; and fibromyalgia. Her previous treatments were noted to include medication, braces, nerve blocks, chiropractic treatment, physical therapy, TENS unit, and home exercise programs. The progress reported dated 12/03/2013 reported the cervical range of motion was flexion decreased by 25%, extension was decreased by 30%, rotation to the left was 45 degrees and to the right was 65 degrees, and side bending bilaterally was 20 degrees, and all the movements were limited by pain. The progress note also reported the shoulder range of motion was normal bilaterally and lumbar forward flexion was limited to 20 degrees, extension was minimal, and side bending was limited to 10 degrees bilaterally. The progress note reported the motor strength in the upper extremities was limited by lack of effort; however, the provider would characterize the deltoids as 5/5, biceps 4/5 bilaterally, triceps 3/5 bilaterally, wrist extensors and flexors 4/5 bilaterally, and finger extensors, finger flexors, and intrinsic muscles of the hands were 4/5 bilaterally. The progress report from the health program reported that the injured worker had been unable to increase her tolerances in sitting and desensitization. However, she did improve her functional tolerances from previous week including standing, walking, and lifting/carrying, and met her grip strength goal of 60 pounds. The report also noted that she had reported functional

achievements outside of the program, such as being able to perform some household chores, implemented learning stretching techniques, going to church, and watching her grandchild. The program reported the functional progress had been obtained by the injured worker report of increased tolerance for the goal activity; increased independence in exercise and functional activities; improved understanding of level 2 posture, control, and core strength; increased levels of participation, cooperation, and attention to tasks; decreased fear of functional activities; and increased interest and willingness to consider the value of increased function. The request for authorization form dated 01/24/2014 is for the [REDACTED] program which is an interdisciplinary pain rehabilitation program for 3 weeks part day treatment, equating to 2 weeks due to 2 cervicgia, lumbar radiculopathy, and myofascial pain syndrome, and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

3 WEEKS PART-TIME INTERDISCIPLINARY PAIN REHABILITATION [REDACTED] PROGRAM, CONSISTING OF UP TO 1 HOURS OF THERAPEUTIC EXERCISE; 42 HOURS OF PATIENT EDUCATION; AND 6 HOURS OF RELAXATION TRAINING:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that functional restoration programs are recommended, although research is still ongoing as to how most appropriately to screen for inclusion in these programs. The MTUS Guidelines state these programs have emphasize the importance of function over elimination of pain and also state long term evidence suggests that the benefit of these programs diminishes over time but remains positive when compared to cohorts that did not receive such an intensive program. The MTUS Guidelines state there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. MTUS Guidelines state treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, there is a lack of good documentation providing subjective and objective functional gains. Furthermore, documentation does not provide the subjective and objective gains and the request exceeds MTUS Guidelines recommendations. Therefore, the request for a Interdisciplinary Pain Rehabilitation [REDACTED] Program, is not medically necessary and appropriate.