

Case Number:	CM14-0111578		
Date Assigned:	08/01/2014	Date of Injury:	10/25/2012
Decision Date:	12/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 52-year-old male with a 10/25/12 date of injury. At the time (6/9/14) of request for authorization for Integrated chronic pain management program, there is documentation of subjective (neck pain radiating to bilateral shoulders with numbness and sensory deficit over C7 dermatome) and objective (tenderness over paracervical region with limited range of motion) findings, current diagnoses (cervical facet arthropathy, cervical spondylosis, cervical radiculopathy, and myofascial pain syndrome), and treatment to date (cervical block injections and medications). Medical report identifies the patient would be a client for surgery; and that patient expressed understanding of a rationale for referral to chronic pain management. There is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient is not a candidate where surgery; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Integrated chronic pain management program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of cervical facet arthropathy, cervical spondylosis, cervical radiculopathy, and myofascial pain syndrome. However, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; and the patient has a significant loss of ability to function independently resulting from the chronic pain. In addition, given documentation that the patient would be a client for surgery, there is no documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery. Furthermore, despite documentation that patient expressed understanding of a rationale for referral to chronic pain management, there is no (clear) documentation that the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Integrated chronic pain management is not medically necessary and appropriate.