

<b>Case Number:</b>	CM14-0173633		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 & Rehabilitation and is licensed to practice in California and Arizona. 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 34-year-old female who reported injury on 10/19/2012. The mechanism of injury was repetitive motion. The diagnoses include chronic, nonspecific upper limb pain bilaterally. The injured worker's treatment history included physical therapy, medications, acupuncture sessions, and massage therapy. An Electrodiagnostic assessment of the bilateral upper extremities on 03/17/2013 was within normal limits. The injured worker was evaluated on 10/06/2014, and it was documented that she complained of constant pain in the upper extremities. Objectively, there was documentation that the musculoskeletal examination was unchanged in nature. Medications included Baclofen, Duloxetine, and Amitriptyline. The treatment plan included a multidisciplinary pain program 4 hours a day 3 days a week for 6 weeks to assist the injured worker with her chronic pain and restore her to a higher level of functioning. The Request for Authorization form dated 10/06/2014 was to begin multidisciplinary pain program, 4 hours a day, 3 days a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**To Begin Multidisciplinary Pain Program 4 Hours A Day 3 Days A Week for 6 Weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-33.

**Decision rationale:** The California MTUS guidelines recommend HELP programs where there is access to programs with proven successful outcomes, for individuals with conditions that put them at risk of delayed recovery. Prior to admission to these programs, a multidisciplinary evaluation should occur. There needs to be documentation of failed initially recommended conservative treatment and a lack of additional options. Individuals should also be motivated to improve and return to work. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, individualized care plans, proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The included medical documents lack evidence of a complete and adequate pain assessment or individualized care plans with proven outcomes. Also, the request for 6 weeks exceeds the guidelines recommendations. There was no mention of the injured worker's attempt to reduce the pain and modify part time work or a detailed history of failed conservative measures to warrant a pain program. Furthermore, after obtaining an extensive history, performing a detailed physical examination as well as psychological testing on 06/19/2014, a multidisciplinary team determined that the injured worker is a very poor candidate for multidisciplinary care because she fails to demonstrate the presence of any ongoing musculoskeletal injury. Her presentation is inconsistent with the natural course of a simple overuse syndrome, which if present, should have resolved in a reasonably short timeframe. Due to the lack of documentation that was submitted for this review, length of request, and consideration of the existing assessments, the request to begin a multidisciplinary pain program 4 hours a day 3 days a week for 6 weeks is not supported. As such, the request is not medically necessary.