MAXIMUS Federal Services

Case Number:	CM14-0183062		
Date Assigned:	11/10/2014	Date of Injury:	04/05/2010
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Texas. 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:

Medical records reflect the claimant is a 51 year old male who sustained a work injury on 4-5-10. On this date, the claimant had a fall and landed on his right hand/wrist, suffering a right radial fracture and injuries to the neck and lower back. He has had three surgeries to the right hand to address the radial fracture. The claimant had nonunion and avascular necrosis of the lunate and a TFCC tear. The claimant has not been able to return to work. He has been treated with medications, chiropractic therapy, massage therapy, TENS chiropractic therapy and physical therapy. Office visit on 10-5-14 notes the claimant is depressed and tearful, decreased right C6 sensation, mild left antalgic gait, tenderness over the cervical spine and trigger point injections, limited range of motion of the cervical pine and right wrist with decreased right grip strength. The claimant has tenderness over the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day interdisciplinary pain management consultation, right wrist, cervical spine, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Programs Page(s): 30-34.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that in order to undergo a CPMP program all of the following must be met:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed.There is an absence in documentation noting that this claimant exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change or 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. Therefore, the medical necessity of this request is not established.