MAXIMUS Federal Services

Case Number:	CM14-0030975		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2013
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 55-year-old female with a reported date of injury on 06/07/2013. The injury reportedly occurred when the injured worker was trying to unlock and reset overhead wires when she felt a sharp pain shooting through the right side of her head and neck. Her previous treatments were noted to include occupational therapy, chiropractic treatment, physical therapy, TENS unit, and medications. Her diagnoses were noted to include cervicalgia, lumbago, depression, and chronic pain syndrome. The injured worker complained of pain in the head, neck, and upper back with radiation to both arms. She also complained of pain in the mid back and lower back. The pain was associated with tingling in the hands, legs, and feet, numbness in the legs and feet, and weakness in the arms and hands. The injured worker rated her pain as 10, but as a 5 at its best and a 10 as it worst. Her average level of pain is 7/10 to 8/10. The injured worker reported the pain was relieved with medications, rest, applications, and even ice, elevating the affected the area, and relaxing. The injured worker reported her symptoms have been improving since the injury and was able to walk 2 blocks before having to stop because of the pain. The provider reported functional limitations as inability to physically exercise perform household chores, drive, and grocery shop because of her pain. The injured worker reported she had difficulty dressing, blow drying her hair, vacuuming, and grocery shopping. The medications were noted to include Tramadol 150 mg twice a day and naproxen as needed. The physical examination revealed guarding with range of motion to forward flexion was 60 degrees, extension was 20 degrees, rotation was 30 degrees to the right and to the left, and side bending was 25 degrees to the right and to the left. The inspection of the cervical spine revealed normal alignment without asymmetry or kyphosis and there was tenderness to palpation over the right cervical paraspinal muscles. There was a positive Spurling's maneuver on the right side. The examination of the lumbar spine revealed range of motion to forward flexion was 50 degrees,

extension was 15 degrees, and side bending was 20 degrees to the right and to the left. The examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There was also a noted positive lumbar facet loading bilaterally as well as a positive straight leg bilaterally and a positive Patrick's test. Motor strength was noted to be 5/5. There was a diminished sensation in the left C7 and C8 dermatomes of the upper extremities and deep tendon reflexes were symmetric at 2+/4 in the bilateral lower extremities. The request for authorization form dated 02/26/2014 is for a 1 time multidisciplinary evaluation due to functional impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time multidisciplinary evaluation per report: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

Decision rationale: The request for one time multidisciplinary evaluation per report dated 02/26/2014 is medically necessary. The injured worker has failed previous conservative treatment such as physical therapy, occupational therapy, chiropractic therapy, and medications. The California Chronic Pain Medical Treatment Guidelines state functional restoration programs are also called multidisciplinary programs or rehabilitation programs that combine multiple treatments, and at least, including psychological care along with physical therapy and occupational therapy (including an active exercise component as opposed to passive modalities). The guidelines also state there appears to be little scientific evidence for the effectiveness of multidisciplinary and psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. The criteria for general use of multidisciplinary pain management programs may be considered medically necessary when the criteria has been met such as an adequate and thorough evaluation, 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 chronic pain, the patient is not a candidate where surgery or the treatments would clearly be warranted, the patient exhibits motivation to change, and is willing to forego secondary gains, including disability payments to affect this change, and negative predictors of success above have been addressed. The provider performed an adequate evaluation regarding range of motion to be used s a baseline functional test. The documentation provided has reported that the injured worker has attempted chiropractic, physical therapy, and a TENS unit without improvement. The previous methods of treating her chronic pain have been unsuccessful and she has a significant loss of ability to function independently resulting from the chronic pain. The injured worker is not a candidate for

surgery and the injured worker has stated she would gladly forgo her benefits if she could get better and return to work. Therefore, the request is certified.