

Case Number:	CM14-0045338		
Date Assigned:	06/27/2014	Date of Injury:	03/19/2010
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 48-year-old female with a 3/19/10 date of injury, and status post right carpal tunnel release 09. At the time (3/24/14) of request for authorization for 10 days of multidisciplinary pain rehab program, there is documentation of subjective for neck, shoulder, and low back pain, pain worse with movement and activities; associated depression, difficulty concentrating, and anxiety. With objective findings including cervical spine tenderness, decreased range of motion (ROM), Overall Oswestry Score 50%, FABQ-PA 22, FABQ-W 42. Current diagnoses include chronic pain syndrome, cervicobrachial myofascial pain syndrome, cervical sprain/strain, post-traumatic cephalgia with cervicogenic headaches, bilateral carpal tunnel syndrome (CTS), cervical spine mild cervical spondylosis), and treatment to date (medications, psychotherapy, bracing, acupuncture, activity modification, and epidural steroid injection). The 2/27/14 medical report identifies patient has motivation to improve and return to work; an adequate and thorough evaluation; that multiple other forms of treatment have failed and patient remains symptomatic; patient has a significant loss of function; the patient is not considered a surgical candidate; and that negative predictors of success have been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Days of multidisciplinary pain rehab program: Overturned

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 (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 chronic pain syndrome, cervicobrachial myofascial pain syndrome, cervical sprain/strain, post-traumatic cephalgia with cervicogenic headaches, bilateral carpal tunnel syndrome (CTS), and cervical spine mild cervical spondylosis. In addition, there is 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; that previous methods of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain; that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for 10 days of multidisciplinary pain rehab program is medically necessary.