

<b>Case Number:</b>	CM14-0062530		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/30/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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. 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 60 year-old female with a date of injury of 8/30/2009. The patient's industrially related diagnoses include bursitis of the shoulder and neck sprain and strain. The disputed issues are outpatient chronic pain management consultation (medications) and functional restoration program consultation. A utilization review determination on 4/14/2014 had noncertified these requests. The stated rationale for the denial was that while the referrals could be indicated, as there is no examination data for review, there is not sufficient documentation or rationale for outpatient chronic pain management consultation (medications) and functional restoration program consultation, thus the request is not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient chronic pain management consultation (medications):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Furthermore, a referral for a consultation can be made to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. On 4/1/2014, the treating physician requested a pain management consultation for medication. On 3/21/14, the injured worker was evaluated in the ER for her chronic neck pain and discharged on Norco and Valium for the management of her pain symptoms. The medications were not continued or prescribed by the treating physician on 4/1/2014; instead referral to a specialist was made. According to the guidelines references above, a specialty consultation, in this case pain management, is appropriate to aid in the therapeutic management of the injured worker. Therefore Outpatient chronic pain management consultation is medically necessary.

**Functional restoration program consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs / Functional restoration programs Page(s): 31-33.

**Decision rationale:** Regarding the functional restoration programs, the Chronic Pain Medical Treatment Guidelines provide the following criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are 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. The treating physician requested a functional restoration program consultation for the injured worker on 4/1/2014 but did not provide any clinical information or reasoning for the request. The criteria above have six points that should be considered before recommending a functional restoration program in general and the treating physician did not address any of them. There is no documentation of the injured worker's functional level, history of previous methods used to treat the pain and goal of treatment if it is to avoid surgery. Due to lack of documentation, Functional restoration program consultation is not medically necessary.

