

Case Number:	CM14-0089588		
Date Assigned:	07/23/2014	Date of Injury:	05/30/2012
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 46-year-old male with a 5/30/12 date of injury and status post anterior cervical discectomy and fusion 4/8/13. At the time (6/2/14) of the Decision for comprehensive inpatient pain program, there is documentation of subjective (chronic severe neck pain radiating to the shoulders with limited range of motion, numbness into the forearm and wrist, and depression/anxiety) and objective (tenderness to palpation over the bilateral cervical paraspinal musculature with painful/limited range of motion, positive Spurling's maneuver, decreased strength of the right biceps and with right hand grip, decreased sensation of the right C6 dermatome, and decreased reflexes of the right biceps and triceps) findings, current diagnoses (cervical radiculopathy, occipital neuralgia, neck sprain/strain, failed cervical neck surgery syndrome, chronic pain disorder, major depression, agoraphobia with panic attacks, pain disorder associated with both psychological factors and a general medical condition), and treatment to date (anterior cervical discectomy and fusion, physical therapy, TENS unit, psychotherapy, medications). In addition, medical report identifies that the patient is not a surgical candidate. There is no 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; 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; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive inpatient pain program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 cervical radiculopathy, occipital neuralgia, neck sprain/strain, failed cervical neck surgery syndrome, chronic pain disorder, major depression, agoraphobia with panic attacks, pain disorder associated with both psychological factors and a general medical condition. In addition, there is documentation of chronic pain; that previous methods of treating chronic pain have been unsuccessful; and the patient is not a candidate where surgery would clearly be warranted. However, there is no 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; 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; and the patient exhibits motivation to change. In addition, there is no documentation of the frequency and duration of the requested comprehensive inpatient pain program. Therefore, based on guidelines and a review of the evidence, the request for comprehensive inpatient pain program is not medically necessary.