

Case Number:	CM14-0196732		
Date Assigned:	12/04/2014	Date of Injury:	08/15/2013
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 71-year-old female with a date of injury of 08/15/2013. According to progress report dated 10/28/2014, the patient presents with continued neck and bilateral shoulder pain. The patient reports that he is not able to sleep due to the pain. Celebrex has caused GI issues, and the patient was admitted into the hospital for such. It was noted that physical therapy is helping and she has completed 9 sessions which ended 20 days ago. Physical examination noted "Cervical Spurling causes neck pain and bilateral shoulder pains. Shoulder ROM FF 40/40, ER 10/20." The listed diagnoses are: 1. Cervical radiculopathy. 2. Adhesive capsulitis of shoulder. 3. Neck sprain. 4. Sprain/strain of shoulder and upper arm. The treatment plan was for patient to see [REDACTED] to try to get authorization for ESI. The treating physician would like to recommend a 1-day multidisciplinary evaluation for functional restoration due to "No significant functional gains after participating in physical therapy." The patient is Temporarily Totally Disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation (days), qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: This patient presents with continued neck and low back pain. The current request is for multidisciplinary evaluation (days) qty 1. The utilization review denied the request applying MTUS Guidelines for functional restoration program. This is a request for a 1 day evaluation. The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, the treating is requesting an initial evaluation which is recommended and necessary prior to considering participation in multidisciplinary program. The patient is not considering surgery and has tried most conservative treatments including PT without much benefit. The requested evaluation IS medically necessary.