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| Case Number: | CM15-0007603 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 11/05/2012 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59 year old female with an industrial injury dated 11/05/2012. The only record available for review is dated 02/19/2015. The injured worker presented complaining of pain in the head and neck. She rated the pain as 8/10. She states headaches are constant. Physical exam revealed tenderness to palpation over the occiput. Cervical spine range of motion was restricted in flexion and lateral bending to the right. There was tenderness to palpation over the bilateral cervical paraspinal muscles. Spurling's maneuver was negative bilaterally. MRI of brain is documented by the provider as unremarkable. MRI of the cervical spine showed no bony injuries but mild degenerative changes at cervical 6-7 and body spurring. Diagnosis includes Cervicalgia, headache and post-concussion syndrome. On 12/29/2014 the request for multi-disciplinary evaluation was denied by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114 and 394-402, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional restoration program <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, functional restoration program “Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." This study concluded that an interdisciplinary functional restoration program (FRP) is equally effective for patients with chronic upper extremity disorders, including the elbow, shoulder and wrist/hand, as for patients with lumbar spine disorders, regardless of the injury type, site in the upper extremity, or the disparity in injury-specific and psychosocial factors identified before treatment. (Howard, 2012) See the Chronic Pain Chapter for the specific ODG Criteria highlighted in blue, for the use of multidisciplinary pain management programs.” There is no documentation that the patient condition required a restoration program. There is no documentation that the patient failed single modality treatment such as medications, physical therapy and independent exercise. There is no documentation that the patient is motivated to attend a multidisciplinary program. Therefore, the request for Multidisciplinary Evaluation is not medically necessary.