

Case Number:	CM15-0008468		
Date Assigned:	01/26/2015	Date of Injury:	07/30/2013
Decision Date:	03/12/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Family Practice

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 (IW) is a 38 year old female, who sustained an industrial injury on July 30, 2013. She has reported pain in the left hip, left shoulder and left ankle and was diagnosed with sprain/strain of the ankle and groin sprain. Treatment to date has included radiographic imaging. Diagnostic studies, physical therapy, pain medications and work duty modifications. Currently, the IW complains of continued pain in the left hip. The IW sustained a work related injury in 2013, resulting in pain in the left hip, ankle and shoulder. She reported twisting the ankle and falling on the left side of the body. She reported the pain in the shoulder and ankle improved with physical therapy and pain medications however, the pain in the hip was persistent. On October 16, 2013, magnetic resonance imaging (MRI) of the left and right ankle revealed tenosynovitis of flexor hallucis longus tendon, small effusion at the talofibular, tibiotalar and subtalar joints and a small cyst/erosion in the calcaneus and talus. MRI of the lumbar spine was unremarkable. MRI of the left hip was unremarkable. On January 8, 2015, Utilization Review non-certified a request for pain management follow up, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of requested pain management follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Programs Page(s): 30-33.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Chronic Pain Management Programs which include the use of a Pain Management Clinic. These guidelines state the following: Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the gold-standard content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. Types of programs: There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. The most commonly referenced programs have been defined in the following general ways: (1) Multidisciplinary programs: Involves one or two specialists directing the services of a number of team members, with these specialists often having independent goals. These programs can be further subdivided into four levels of pain programs: (a) Multidisciplinary pain centers (generally associated with academic centers and include research as part of their focus). (b) Multidisciplinary pain clinics. (c) Pain clinics. (d) Modality-oriented clinics. 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. In this case there is insufficient documentation to indicate that the patient has met all of the six above cited criteria in order to participate in a Pain Management Program. For example, there is insufficient evidence of baseline testing to monitor functional improvement. There is insufficient documentation that negative predictors of success have been addressed. It is unclear whether the patient is a candidate for other treatments for her condition. For these reasons, Pain Management Follow-Up is not considered as medically necessary.