

Case Number:	CM15-0107590		
Date Assigned:	06/12/2015	Date of Injury:	09/11/2012
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic shoulder, hand, wrist, and forearm pain reportedly associated with an industrial injury of September 11, 2012. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for one day interdisciplinary pain management evaluation. The claims administrator referenced a RFA form received on April 29, 2015 and an associated progress note of April 29, 2015 and April 3, 2015 in its determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was apparently considering an arthroscopic Mumford procedure, it was suggested. Tylenol with Codeine was renewed. The applicant was not working, it was reported. On January 30, 2015, the applicant was again placed off of work, while Tylenol with Codeine was renewed. On December 22, 2014, it was again noted that the applicant would remain off of work. Tylenol with Codeine, Flexeril and Colace were renewed. In an April 29, 2015 RFA form, one day comprehensive interdisciplinary pain management evaluation was sought, seemingly as a precursor in pursuit of a chronic pain program. In an associated progress note dated April 3, 2015, the applicant reported ongoing complaints of shoulder and ankle pain. The note was quite difficult to follow and mingles historical with current issues. The applicant was described as no longer working, with the treating provider reporting that the applicant was clearly no longer able to work. The treating provider contented that the applicant was not necessarily a surgical candidate involving the shoulder at this point. The treating provider suggested that the applicant was receiving worker's compensation indemnity benefits and was using Tylenol with Codeine, Celexa, Flexeril, Colace, Levoxyl, and Desyrel. An interdisciplinary pain management program evaluation was sought. It was stated that the applicant had significant disability and was dependent on family members to perform activities of daily living as basic as cooking, cleaning, shopping, driving, performing household chores and/or dressing herself.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Day Interdisciplinary pain management evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 30-32.

Decision rationale: No, the proposed one-day interdisciplinary pain management evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the efforts to try and improve, here, however, it did not appear the applicant was prepared to make the effort to try and improve. It did not appear that the applicant willing to forego disability benefits and/or worker's compensation indemnity benefits in an effort to try and improve. The attending provider stated on April 3, 2015 that the applicant was clearly no longer able to work. It did not appear, thus, that the applicant was willing to forego disability payments and/or indemnity benefits in an effort to try and improve. Page 6 of MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant suffers from chronic pain, the less likely treatment, including a comprehensive functional restoration program, will be effective. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant remains out of work, the less likely it is that he or she will return. Here, the applicant was over two and a half years removed from the date of the injury as of the date of the request, April 29, 2015. It did not appear that the applicant was necessarily an appropriate candidate for the functional restoration program and associated evaluation in question. Page 30 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that functional restoration programs and chronic pain programs are recommended only when there is access to programs with proven successful outcome. Here, the success rate of the program in question was not detailed. Page 31 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that duration of pre-referral disability time and high levels of psychosocial distress, both of which were present here, represent negative predictors of efficacy of treatment via the functional restoration program in question. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending must be willing to forego secondary gains, including disability benefits, in effort to such change. Here, all evidence on file pointed to the applicant's seeming intention to maximize (rather than minimize) disability and/or indemnity benefits. It did not appear that the applicant was an appropriate candidate for the functional restoration program or associated interdisciplinary pain management evaluation at issue. Therefore, the request was not medically necessary.

