

<b>Case Number:</b>	CM15-0019115		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 50 year old male who sustained an industrial injury on 11/24/13. The injured worker reported symptoms in the upper extremities and spine. The diagnoses included Cervicalgia. Treatments to date include oral pain medications. In a progress note dated 10/1/14 the treating provider reports the injured worker was with "arm pain bilaterally emanating from the cervical spine." On 1/22/15 Utilization Review non-certified the request for [REDACTED] [REDACTED] Pain Program Evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Pain Management Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

**Decision rationale:** The patient was injured on 11/24/2013 and presents with arm pain bilaterally emanating from the cervical spine. The request is for a [REDACTED] Pain Management Evaluation. The utilization review denial rationale is that "there is insufficient information available to determine if a multidisciplinary evaluation, such as to assess candidacy for a functional restoration program, is indicated at this time." The RFA is dated 01/15/2015 and the patient is currently not working. He is on Temporary Total Disability. The patient is diagnosed with cervicgia and no further positive exam findings are provided. MTUS Guidelines page 49 recommends functional restoration programs and indicate it 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 treatments would clearly be; (5) the patient exhibits motivation to change; (6) negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2-week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. In this case, the reports provided do no document the criteria required for the patient to participate in any functional restoration program. However, the request is for an evaluation. The patient does present with arm pain bilaterally emanating from the cervical spine, and the evaluation appears appropriate. Therefore, the requested [REDACTED] pain management evaluation IS medically necessary.