

Case Number:	CM15-0138328		
Date Assigned:	07/28/2015	Date of Injury:	05/24/2001
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency 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 61 year old female who sustained an industrial injury on 05/24/01. Initial complaints and diagnoses are not available. Treatments to date include 3 cervical reconstructions now fused from C3-7, medications, rest, acupuncture, injection therapy, pain psychology, psychiatry, and water therapy. Diagnostic studies include multiple MRIs and x-rays. Current complaints include neck, left shoulder girdle, left upper extremity and headache pain. Pain is noted to be 12/10. Current diagnoses include cervical post fusion syndrome, left upper extremity radiculopathy, left sided carpal tunnel syndrome, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder with a history of suicidal attempt and depression with psychotic features. In a progress note dated 06/05/15 the treating provider reports the plan of care as a multidisciplinary evaluation, due to denial of her pain medications and the complexity and dynamic stat of the injured worker's condition. Her primary treating physician has been her psychiatrist for the past year. The requested treatments include a multidisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) day interdisciplinary pain management evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs(functional restoration programs) Page(s): 30-32.

Decision rationale: As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. Its primary goal is to return patient to functional status. It requires: 1)A functional baseline testing to measure baseline improvement. To be determined. 2) Failure of prior chronic pain treatment. Meets criteria. 3) Loss of function due to pain. Meets criteria. 4) Not a candidate for surgery. Meets criteria. 5) Motivation to change. Fails criteria. Pt appears depressed and has stated there is no plans of returning to prior work. Depression and other negative predictive issues should be treated prior to attempt of FRP. 6) Negative predictors for success has been addressed. Fails criteria. Patient appears to have some psychological issues that need to be addressed for maximal success of FRP. Patient has significant psychological barriers for success that has not been appropriately addressed. Functional Restoration Program is not medically necessary.