

Case Number:	CM15-0145926		
Date Assigned:	08/06/2015	Date of Injury:	07/03/2014
Decision Date:	09/03/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Connecticut, California, Virginia
 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 injured worker is a 70 year old female, who sustained an industrial injury on 7-3-2014. Diagnoses have included cervicgia, shoulder pain and degeneration of cervical intervertebral disc. Treatment to date has included a cervical collar, physical therapy, magnetic resonance imaging (MRI), psychology sessions and medication. According to the progress report dated 7-8-2015, the injured worker complained of pain in her neck and left shoulder. She also reported headaches. She was working part-time with modifications. Gait was antalgic, favoring the right. She reported intermittent pain and weakness in the left upper extremity. She also reported difficulty sleeping, depression and anxiety. Authorization was requested for one day interdisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day interdisciplinary pain management evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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

Decision rationale: The patient in this case has a complicated history of pain conditions, and a request has been made for use of an interdisciplinary pain evaluation program/functional restoration program. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. As continuing treatment is deemed necessary for mental health, and high levels of psychosocial stress are correlated with decreased efficacy in functional evaluation programs per the MTUS guidelines, it may be valuable to continue treatment for mental health disorders while giving further consideration to a functional restoration program, particularly in light of the relative lack of evidence to support such programs in cases of neck and shoulder pain (as opposed to low back pain where the evidence for use is much stronger). It is reasonable to consider a one-day evaluation period for a functional restoration program as a possible treatment modality, and therefore, based on the current guidelines and the provided case documents, implementation of a functional restoration program single day evaluation period at this time is considered medically necessary.