

Case Number:	CM15-0166237		
Date Assigned:	09/03/2015	Date of Injury:	07/21/2008
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, 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 is a 57 year old female who sustained an industrial injury on 7-21-2008. Her coworker's hair was caught in a machine and while trying to free her hair she jarred her neck. She has reported headaches and neck pain and has been diagnosed with brachial neuritis or radiculitis not otherwise specified, shoulder impingement, and lumbar radiculopathy. Treatment has included medications, medical imaging, surgery, physical therapy, injections, and acupuncture. Range of motion was significantly restricted to the cervical spine. Spurling test was positive to the right. Right shoulder was tender to palpation. Range of motion was decreased with flexion and abduction. There was a positive impingement sign. There was tenderness to the lumbar spine with spasm present. Range of motion was restricted. The right elbow was tender to palpation. The treatment plan included a multidisciplinary pain program. The treatment request included a multidisciplinary pain program and a home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Pain Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 51.

Decision rationale: 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, the claimant reached maximal medical improvement. There is no mention of amount of sessions needed or need to avoid surgery. As a result, the request for the multidisciplinary program is not medically necessary.

Home Health Aide: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the request for performing daily chores, although this may be needed, the guidelines do not consider it a medical necessity and the request is not medically necessary.