

Case Number:	CM15-0192584		
Date Assigned:	10/06/2015	Date of Injury:	02/20/2014
Decision Date:	11/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/30/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck pain, hip pain, and headaches reportedly associated with an industrial injury of February 20, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for a head and neck evaluation, a functional restoration program of an unspecified duration, and an orthopedic evaluation. The claims administrator referenced an August 6, 2015 office visit and an RFA form received on August 10, 2015 in its determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of headaches, back pain, hip pain, and hand pain. The applicant also alleged issues with short-term memory loss and slowed cognition. The applicant was asked to pursue a head and neck physician evaluation to address issues with temporomandibular joint dysfunction, obtain a functional restoration program evaluation, obtain cognitive behavioral therapy, obtain further physical therapy, and obtain an orthopedic evaluation to address issues with chronic hip pain. Electrodiagnostic testing of the bilateral upper extremities was sought to address allegations of cervical radiculopathy. The applicant was placed off of work, on total temporary disability. The applicant was given diagnosis of complex regional pain syndrome by the right arm status post right rib fracture, rule out right hip internal derangement, chronic neck pain, possible cervical radiculopathy, chronic jaw pain, headaches, and possible temporomandibular joint disorder (TMJ). The applicant was described as having issues with anxiety. The applicant had not returned to work in some time it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Head and neck evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for a head and neck evaluation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a neurologist, was likely ill-equipped to address issues and/or allegations of temporomandibular joint dysfunction. Obtaining the added expertise of a practitioner better equipped to address such issues and allegations, namely a head and neck specialist, was, thus, indicated. Therefore, the request was medically necessary.

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs).

Decision rationale: Conversely, the request for a functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant suffers from chronic pain, the less likely any treatment, including a functional restoration program, will be effective. Here, the applicant was approximately 18 months removed from the date of injury as of the date of the request, August 6, 2015. The attending provider did not clearly state why he believed a functional restoration program could prove effective here. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the primary criteria for pursuit of a functional restoration program is evidence that an applicant has undergone an adequate and a thorough precursor evaluation. Here, it did not appear that the applicant had undergone the prerequisite precursor evaluation. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another criteria for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain had proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider suggested on August 6, 2015 that the applicant had a variety of issues, including hip pain, jaw pain, anxiety, etc., which had not been adequately treated to date. Numerous other treatments, including cognitive behavioral therapy, an orthopedic hip surgery evaluation and a head and neck evaluation were all suggested on that date, suggesting that there were, in fact,

several treatments possible which could potentially generate clinical improvement. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another primary criteria for pursuit of a functional restoration program is evidence that an applicant is motivated to change and willing to forgo secondary gains, including disability payments, in an effort to effect that change. Here, however, there was no mention of the applicant's willingness to forgo disability payments in an effort to improve. Rather, it appeared that the applicant was intent on trying to maximize indemnity and/or disability payments, it was suggested on August 6, 2015. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that treatment via a functional restoration program is not strongly suggested for longer than two weeks without evidence of demonstrated efficacy. Here, the request for an open-ended functional restoration program of unspecified duration, thus, was at odds with page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Since multiple criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a functional restoration program were not met, the request was not medically necessary.

Orthopedic eval: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Finally, the request for an orthopedic evaluation, conversely, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a neurologist, was likely ill-equipped to address issues with and/or allegations of hip pain and/or hip internal derangement. Obtaining the added expertise of a practitioner better equipped to address such issues and allegations, namely an orthopedist, was, thus, indicated. Therefore, the request was medically necessary.