

<b>Case Number:</b>	CM15-0203556		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/12/2002
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41-year-old female with an industrial injury dated 07-12-2002. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, rotator cuff syndrome, cervicobrachial syndrome and pain disorder with both psychological and a "GMC" (industrial), chronic. According to the primary treating physician progress note dated 08-18-2015, the injured worker reported pain complaints in the neck, right shoulder, right hand and upper back. Current and average pain level was 7 out of 10 and 3 out of 10 with medications on a visual analog scale (VAS). Objective findings (08-20-2015) revealed decreased painful range of motion with tenderness to palpitation of the right shoulder and decreased motor strength. In a cognitive behavioral therapy report dated 08-18-2015, documentation noted that the injured worker unchanged somatic complaints, decreased pain complaints, decreased functional complaints, decreased depression and decreased anxiety. Documentation (08-18-2015) also noted increased tolerance for work functions, increased strength and endurance, and unchanged reliance on other forms of treatment. In a comprehensive multidisciplinary evaluation dated 08-27-2015, the injured worker reported right shoulder, arm, hand and thoracic spine complaints. The treating physician reported that the injured worker demonstrated physical reconditioning, reduced ability to complete activities of daily living and is not able to meet the full demands of her job. The treating physician reported that the injured worker would greatly benefit from development of an exercise program as well as intensive education of safe and effective chronic pain management tools in the multidisciplinary context to overcome her fear of movement and increase her functional and

physical level. Treatment has included thoracic outlet on the left in 2011 (very helpful), thoracic outlet on the right in 2013 (mildly helpful), acupuncture evaluation on 04-16-2015, transcutaneous electrical nerve stimulation (TENS), Theracane, Electromyography (EMG), ergo evaluation on 07-27-2014, 12 occupational therapy sessions , 16 physical therapy sessions, prescribed medications, 4 cognitive behavioral therapy sessions , psychotherapy, and periodic follow up visits. The utilization review dated 09-21-2015, non-certified the prospective request for 20 day (4 weeks) of multidisciplinary pain rehabilitation program to include up to 40 hours of therapeutic exercise; 20 hours of vocational rehabilitation; 20 hours of cognitive behavioral therapy; 4 hours of medical care and supervision; 16 hours of patient education; and 20 hours of expressive therapy (e.g. art and music therapy).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prospective request for 20 day (4 weeks) of multidisciplinary pain rehabilitation program to include up to 40 hours of therapeutic exercise; 20 hours of vocational rehabilitation; 20 hours of cognitive behavioral therapy; 4 hours of medical care and supervision; 16 hours of patient education; and 20:** Upheld

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

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

**Decision rationale:** Prospective request for 20 day (4 weeks) of multidisciplinary pain rehabilitation program to include up to 40 hours of therapeutic exercise; 20 hours of vocational rehabilitation; 20 hours of cognitive behavioral therapy; 4 hours of medical care and supervision; 16 hours of patient education; and 20 hours of expressive therapy (e.g. art and music therapy) is not medically necessary per the MTUS Guidelines. The MTUS states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for 4 weeks of a multidisciplinary pain rehabilitation program exceeds the 2 week recommended period and therefore is not medically necessary.