

Case Number:	CM15-0205067		
Date Assigned:	10/22/2015	Date of Injury:	11/13/2013
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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, 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:

This is a 30 year old female patient with a date of injury on 11-13-2013. She sustained the injury while hanging clothes in the stocking room. The diagnoses include CRPS right upper extremity, chronic pain syndrome, cervicobrachial syndrome and cubital tunnel syndrome. Per a comprehensive multidisciplinary evaluation dated 09-17-2015 she had complaints of right elbow and right hand pain. She had constant pain that she rates as 6-9 out of 10. Pain was worse with activity. She felt depressed, had difficulty with concentration, lightheadedness, stomach pains and tremors. She had difficulty falling asleep, and wakes up 4-6 times a night. Physical examination revealed asymmetry of temperature and color in the right hand when compared to the left, tenderness in the right superior trapezius, low cervical and right interscapular muscles; decreased range of motion of the cervical spine; right shoulder-guarding and limited range of motion on the right, diffuse tenderness over the lateral and medial epicondylar region as well as diffusely throughout the right upper extremity, restricted right elbow range of motion, right wrist- dusky and mild swelling in her fingers; a temperature difference in the right of 31 degrees and in the left 32 degrees, diffuse tenderness in the right hand and wrist, much functional limitation due to her injury and increased pain. She was completely dependent and was unable to perform all or most ADL's upon assessment. She has marked pain complaints with attempts to use her right arm and has not improved with conventional unimodal therapy. It is anticipated that the injured worker will be able to improve with a multidisciplinary approach. She was not working. Per the physician progress note dated 10-02-2015, she had complaints of right arm pain. She rated her pain as 6-8 out of 10. She had numbness, and change in taste, tremors,

headaches, dizziness and lightheadedness. There was joint pain, stiffness and muscle weakness. Physical examination revealed hypersensitivity to her elbow and right forearm, range of motion decreased and guarded, almost able to make a fist with her fingers. Current medications include Neurontin and Cymbalta. Pamelor had been discontinued due to side effects, and Naprosyn has been discontinued. She had right shoulder MRI dated 2/25/15 which revealed mild tendinopathy of the supraspinatus and infraspinatus tendons; cervical spine MRI dated 2/25/15 which revealed minimal cervical spondylosis. Per the psychological assessment dated 9/22/15, the patient had severe depression and moderate anxiety. Treatment to date has included diagnostic studies, medications, cognitive behavioral therapy-1, and 3 physical therapy visits. The Request for Authorization dated 10-02-2015 includes multidisciplinary pain rehab program x 20 days. On 10-13-2015 Utilization Review modified the request for Multidisciplinary pain rehab program x20 days to 10 day multidisciplinary pain rehab program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary pain rehab program x20 days: 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): Functional restoration programs (FRPs).

Decision rationale: Multidisciplinary pain rehab program x20 days. Per the cited guidelines 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, (6) Negative predictors of success above have been addressed. Per the cited guidelines Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This request for 20 days is beyond the recommendations of the cited criteria. Per the cited guidelines, The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability), (7) duration of pre-referral disability time; (8) prevalence of opioid use. The date of injury was 11-13-2013. Therefore the patient has increased duration of pre-referral disability time. Per the psychological assessment dated 9/22/15, the patient had severe depression and moderate anxiety. These variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs. There was no documentation provided for review that the patient failed a return to work program with modification. The medical necessity of Multidisciplinary pain rehab program x20 days is not medically necessary.