

Case Number:	CM15-0020419		
Date Assigned:	02/10/2015	Date of Injury:	11/15/2012
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

Certification(s)/Specialty: Internal 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 52 year old female who sustained a work related injury on November 15, 2012. She incurred neck and shoulder injuries after a near fall, then lost her balance and struck a wall. She complained of neck pain and left shoulder pain. Treatment included physical therapy and multiple medications with minimal relief and a facet nerve block. In 2013, she underwent a left shoulder bursectomy and partial acromioplasty. Currently, in December, 2014, the injured worker complained of increased headaches, constant neck pain and upper back pain radiating into the shoulder. She had decreased range of motion in the upper extremity and numbness and tingling of the hands and fingers. On December 22, 2014, a request for a service of Comprehensive Interdisciplinary Evaluation was non-certified by Utilization Review, noting American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Interdisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration pro. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chronic pain programs (functional restoration programs)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. 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; (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 have been addressed. Access to programs with proven successful outcomes is required. The primary treating physician's progress report dated 12/22/14 documented a history of left shoulder surgery 9/23/13. Medications included Norco. The patient has not resumed any work activities. The patient complained of stress, anxiety, and depression. The patient was exhibiting poor coping skills and appears to be struggling with self-management. Negative predictors of success were documented. Psychosocial distress and depression were documented. Per MTUS, psychosocial distress and depression are negative predictors of success. The MTUS criteria for functional restoration programs requires that negative predictors of success be addressed. Per ODG, there is little research as to the success of return to work with functional restoration programs in long-term disabled patients over twenty-four months. The request for a functional restoration program is not supported by MTUS guidelines. Therefore, the request for a comprehensive interdisciplinary evaluation is not medically necessary.