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| <b>Case Number:</b>   | CM15-0029403 |                              |            |
| <b>Date Assigned:</b> | 02/23/2015   | <b>Date of Injury:</b>       | 08/13/2009 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 01/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2015 |

### 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: 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 injured worker is a 64 year old female, who sustained a work related injury on 8/13/09. She has been experiencing gradual increasing spinal pain throughout the course of her employment. The diagnoses have included left cervical radiculopathy and chronic neck pain. Treatments to date have included oral medications, Fentanyl patches, EMG upper extremities, home exercises and stretches and left carpal tunnel surgery in 2010. In the PR-2 dated 12/19/14, the injured worker complains of left sided neck pain with intermittent "shooting" pains down arm. She rates the pain a 4-5/10 on medications and an 8-9/10 off of medications. She has chronic, intermittent numbness and tingling in left 4th and 5th fingers. On 1/22/15, Utilization Review non-certified a request for a multidisciplinary evaluation to assess the need for functional restoration program. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation to assess the need for FRP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 31-32.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Multidisciplinary evaluation to assess the need for FRP is not medically necessary.