

Case Number:	CM15-0032359		
Date Assigned:	02/25/2015	Date of Injury:	02/17/2010
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 42 year old male who sustained a work related injury February 17, 2010. Past history included arthroscopic surgery left shoulder 2011 with revision January, 2014. According to a follow-up pain management consultation dated January 13, 2015, the injured worker presented with ongoing and debilitating pain in his neck associated with cervicogenic headaches as well as radicular symptoms to both upper extremities. There is pain in the lower back which radiates down to both lower extremities. Current medications include Norco, Anaprox, FexMid, Prilosec, Neurontin, Ambien and Prozac. Diagnoses included cervical and lumbar spine myoligamentous injury; left shoulder internal derangement; right shoulder internal derangement and medication induced gastritis. Treatment plan included four trigger point injections administered with bupivacaine with good pain relief greater than 50%, refill medications, and recommendation for a multi-disciplinary pain management program. According to utilization review dated January 27, 2015, the request for Multi-Disciplinary Pain Management Program, Cervical Spine, is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-disciplinary Pain management program - Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 31 and 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing
Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention
Page(s): 171, 32 and 33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. In fact, the medical records have showed that the patient has a significant improved pain score of 50%, with improved sleep and functional ADL's. The provider did not document the reasons, the specific goals and end point for a Multi-disciplinary Pain management program. Therefore, the request for Multi-disciplinary Pain management program, cervical spine is not medically necessary.