

Case Number:	CM15-0036835		
Date Assigned:	03/05/2015	Date of Injury:	06/14/2013
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on June 14, 2013. The injured worker had reported neck and right shoulder pain. The diagnoses have included cervical disc bulge, pain in joint of shoulder, brachial neuritis or radiculitis not otherwise specified and chronic pain syndrome. Treatment to date has included medications, radiological studies, transcutaneous electrical nerve stimulation unit, cervical pillow, heat and rest. Current documentation dated January 21, 2015 notes that the injured worker complained of neck and right shoulder pain at 8/10. The pain radiated into the right arm, low back and right lower extremity. With the current medication regimen, the injured workers pain symptoms are adequately managed. The injured worker had been experiencing depressive symptoms. Physical examination of the cervical spine revealed tenderness of the paravertebral muscles and a restricted range of motion. Examination of the right shoulder revealed pain and a restricted range of motion. Hawkins's and Neer's tests were positive. The patient has had normal gait, tenderness on palpation, 4/5 strength and decreased sensation in right UE. The patient sustained the injury when she was lifting boxes. The patient has had EMG of the UE that was normal. Patient has received an unspecified number of acupuncture and PT visits for this injury. The patient has used a TENS unit. The patient has had MRI of the cervical spine on 7/23/13 that revealed disc protrusion and MRI of the right shoulder revealed tear of the supraspinatus and EMG of the UE on 8/10/13 that was normal. The medication list include Topiramate, pantoprazole, Hydrocodone and Gabapentin. The patient had received cervical ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition 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, 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; (6) Negative predictors of success above have been addressed." Per the notes with the current medication regimen, the injured workers pain symptoms are adequately managed. The patient has received an unspecified number of PT and chiropractic visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. In addition, per ODG, "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: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain." The injured worker had been experiencing depressive symptoms. The medical necessity of the request for a Multidisciplinary Evaluation is not fully established for this patient.