

Case Number:	CM15-0056204		
Date Assigned:	04/01/2015	Date of Injury:	08/25/2011
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 46-year-old male sustained an industrial injury to the back, neck, left knee, bilateral feet, left shoulder and left arm on 6/25/11. Previous treatment included magnetic resonance imaging, electromyography, activity modification, injections and medications. In a follow-up pain management evaluation dated 2/3/15, the physician noted that the injured worker had a chronic pain condition with cervical spine radiculopathy. The injured worker continued to be very symptomatic with constant neck pain and a shooting sensation down bilateral upper extremities. The injured worker rated his pain 6-7/10 on the visual analog scale. The physician noted that the injured worker had failed conservative therapy. An orthopedic surgeon had recommended surgical intervention. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, multilevel cervical disc protrusion, cervical spine radiculopathy, bilateral plantar fasciitis and left shoulder sprain/strain. The treatment plan included a consultation by chronic pain rehabilitation for management of his intractable pain in order to improve overall function and adding Butrans to his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Functional Rehab Program Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states regarding the general use of multidisciplinary pain management programs: (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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). (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 above have been addressed. The medical records provided indicate this patient is currently contemplating surgical intervention, guidelines recommend this treatment only for patients who are not candidates for surgery. The treating physician has not met the above guidelines at this time. As such, the request for Chronic Pain Functional Rehab Program Consult is not medically necessary at this time.