

Case Number:	CM13-0038696		
Date Assigned:	12/18/2013	Date of Injury:	04/12/2003
Decision Date:	06/16/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old woman who sustained a work-related injury on April 12, 2003. Subsequently, she developed chronic neck and back pain and right upper extremity pain. The patient was treated with Vicodin, Soma, Celebrex, Cymbalta, Prilosec, trazodone, risperidone and clonazepam. According to a note dated on September 27, 2013, the patient physical examination demonstrated cervical and lumbar tenderness with reduced range of motion, muscle spasm, preservation of muscle strength in all extremities except the right biceps and deltoid. The patient was diagnosed with chronic right upper extremity pain, cervical radiculopathy and chronic cervical thoracic lumbar pain. The provider requested authorization for [REDACTED] program for detoxification and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REFERRAL TO A [REDACTED] PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 31-33.

Decision rationale: 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 (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. There is no recent documentation of illicit drugs used by the patient in addition to alcohol. More importantly, there is no documentation of patient motivation, interest and commitment to a detoxification and restoration program. Therefore, the request for referral to [REDACTED] program is not medically necessary.