

Case Number:	CM14-0123504		
Date Assigned:	09/16/2014	Date of Injury:	01/31/2006
Decision Date:	11/19/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 59 year old male with an injury date of 01/31/06. Based on the 07/11/14 progress report provided by [REDACTED], the patient complains of left shoulder pain that radiates to left upper extremity. Patient was diagnosed with a SLAP tear and underwent repair in August 2006. He reported delayed recovery due to pneumonia. Patient received extensive and fully comprehensive medical management. Conservative care included rest, medication, injections and physical therapy. Patient underwent two surgeries that failed to provide sustained relief of painful symptoms or restore function. Patient received a spinal cord stimulator in September 2012, which resulted in reduction of pain to a tolerable level of 8/10 and reduction of medication usage. Physical examination reveals decreased range of motion to the left shoulder and weakness. The left upper extremity is weak and atrophied. There is loss of sleep secondary to pain. Patient is receiving \$800/month from Social Security to take care of himself and his wife. Provider considers patient referral to functional restoration program due to persistent severe pain to the left shoulder, which limits patient's ability to perform activities of daily living. Diagnosis 07/11/14- Chronic pain, other chronic pain- Shoulder and upper arm injury- multi-disciplinary evaluation [REDACTED] is requesting Multi-Disciplinary Evaluation. The utilization review determination being challenged is dated 07/22/14. No rationale was given. [REDACTED] is the requesting provider, and he provided treatment reports from 11/11/13 - 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Disciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-33.

Decision rationale: The patient presents with severe chronic left shoulder pain that radiates to his left upper extremity. The request is for Multi-Disciplinary Evaluation. He uses a spinal cord stimulator to keep pain rated at a tolerable level of 8/10. MTUS pages 30-33 has the following: Chronic pain programs (functional restoration programs): Chronic pain programs, early intervention: "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 discernible indication of at risk status is lost time from work of 4 to 6 weeks." Per progress report dated 07/15/14, patient has had conservative care and underwent two surgeries that failed to provide sustained relief of painful symptoms or restore function. The need to use a spinal cord stimulator and still have pain rated 8/10 is excessive, when compared to his diagnosis of chronic pain post-surgery. Provider has documented delayed recovery following SLAP surgery August 2006. Patient is in a challenging situation living on Social Security. Based on MTUS, patient meets qualifying recommendations and may benefit from a functional restoration program via multidisciplinary approach. Therefore, the request for multi-disciplinary evaluation is medically necessary and appropriate.