

Case Number:	CM14-0134834		
Date Assigned:	08/29/2014	Date of Injury:	01/28/2003
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female who has submitted a claim for chronic pain - neck, cervicogenic headaches, and mid back associated with an industrial injury date of January 28, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of neck and upper back pain as well as headaches. On examination, there was pain with flexion and extension of the left shoulder, pain with internal and external rotation of the left shoulder and tenderness of the left shoulder. Examination of the cervical spine revealed slight forward flexion of the head and slight straightening of the cervical lordosis. Flexion was 75% of expected ROM; extension 80% of expected, right and left lateral rotation 60% of expected; left and right lateral flexion 50% of expected. Paravertebral and trapezius muscle were very taut and tender. Thoracic spine had increased kyphosis. Lumbar spine had mild loss of lordosis with ROM 75% of expected. Trigger points in the low lumbar areas were present bilaterally. There was also tenderness over the lower facet joints. Treatment to date has included medications that helped her perform ADLs, cervical epidural steroid injections that were not helpful, occipital nerve root blocks that were not helpful, physical therapy and aquatic therapy that were helpful, H-wave therapy that was somewhat helpful, TENS unit therapy that was somewhat helpful in the past, Tiger Balm and Biofreeze use that was helpful, migraine medication (Frova that was somewhat helpful, Imitrex that was recently started and was effective), acupuncture that was helpful for migraines, head and ice that continued to be useful, chiropractic care that made the pain worse, massage therapy that was somewhat helpful and Lidoderm patches that work but do not stay attached to her skin. Utilization review from July 31, 2014 denied the request for Comprehensive multidisciplinary assessment for the Asclepius pain management functional restoration program for multiple reasons. The request did not address prior questions concerning the assessment for participation in the APM-FRP nor the negative risk factors for success in such

a program. No progress report discussed the patient's vocational goals. The duration of the patient's disability was a negative predictor for success.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive multidisciplinary assessment for the asclepius pain management functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs (functional restoration program) Page(s): 31-32.

Decision rationale: As stated on pages 31-32 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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 have been addressed. It further adds that integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. In this case, there was no adequate baseline functional testing available in the recent records. Some methods of chronic treatment pain were successful. There was no mention whether the patient was a candidate for surgery. There was no documentation that the patient had motivation to change and willingness to forgo secondary gains. As the UR mentioned, the negative predictors of success had not been addressed. The current request also does not include treatment goals, progress assessment and stage of treatment. Therefore, the request for Comprehensive multidisciplinary assessment for the Asclepius pain management functional restoration program is not medically necessary.