

Case Number:	CM14-0175963		
Date Assigned:	10/29/2014	Date of Injury:	08/01/2009
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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 worker is a 46 year old male who was injured on 8/1/2009. He was diagnosed with total body pain, right shoulder impingement syndrome, right shoulder pain, chronic pain syndrome, pain-related insomnia, neuropathic pain, and fibromyalgia. He was treated with various medications including opioids, which she has been using chronically since. He was also treated with multiple medications prescribed by. The worker was seen for a follow-up with his primary treating physician on 8/28/14, complaining of total body pain that increased in both arms, hips, and feet. He reported his pain level was usually at 5/10 with his medications, and without 10/10 on the pain scale. He was then recommended a NESP-R program to help him detox while reducing some of his medication use, which were reportedly providing little benefit to his overall function.

IMR ISSUES, DECISIONS AND RATIONALES

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

NESP-R program (sessions) #10: 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 programs Page(s): 30-34.

Decision rationale: The MTUS Chronic Pain Guidelines state that chronic pain programs (functional restoration programs) are recommended as long as they have a proven track record of 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. The criteria set by the MTUS for the use of a pain management program includes: 1. An adequate and thorough evaluation of the patient, including baseline functional testing, 2. Evidence of previous methods of treating chronic pain being unsuccessful, 3. The patient has a significant loss of ability to function independently, 4. The patient is not a candidate where surgery or other treatments would clearly be warranted (but if the 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, and 6. Negative predictors of success above have been reviewed (negative relationship with employer/supervisor, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, longer duration of disability, opioid use, high levels of pain). Summary reports that include 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 treatment. Treatment should not be longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions, otherwise, for longer durations, clear rationale for extension and requires individualized care plans and proven outcomes. In the case of this worker, although based on the limited documents available for review he seemed to be a reasonable candidate for a chronic pain program, there was not enough documentation showing his baseline function (quantitative, measurable) which is required in order to reassess his function during the program. Therefore, the NESP-R program is not medically necessary without this documentation available for review.