

<b>Case Number:</b>	CM14-0092602		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/29/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Occupational Medicine 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 request for independent medical review was signed on June 19, 2014. It was for a 12 pain management program sessions two hours each. The patient is a 46-year-old female injured on November 29, 2005. The patient had completed 15 sessions and noted great improvement; there was improved flexibility, mobility, strength, endurance and overall function. There was decreased fear of performing exercises and improved sleep. Medicines were ibuprofen and Lidoderm patches. Improvements were noted in lifting, standing and walking tolerance. A letter was provided by the provider dated June 5, 2014 indicating that the program would be twice a week for two hours each session and would include medically supervised secondary rehabilitation. The previous reviewer noted that criterion for pain management program includes a significant loss of the ability to function independently, which is no longer present due to her success.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Part Day Pain Management Program Sessions (2 hours each): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

**Decision rationale:** The ODG notes regarding chronic pain programs: Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances: The patient has a chronic pain syndrome with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains if there are preliminary indications that they are being made on a concurrent basis. It appears this patient has significantly improved; the need for the additional time is truly in question versus an independent program or return to modified or transitional duty. The request is appropriately not verified as being essential care and is not medically necessary.