

Case Number:	CM14-0098016		
Date Assigned:	09/23/2014	Date of Injury:	09/03/2008
Decision Date:	10/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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:

This individual is a 68 year old female with a 9-3-2008 date of industrial injury. She complains of bilateral hand pain with gripping, grasping and repetitive activities. She has bilateral numbness and weakness, with the right hand being worse (subjective). EMG in 2013 showed median nerve compression on the right. She had a right carpal tunnel release in 2011 and May 2013. A right first dorsal compartment release was done March 2012. Exam 3-21-14 shows that sensation to light touch is decreased. Durking and Phalen tests are positive bilaterally while Tinel's sign is negative. There are notations in the available record documenting unstable patterns of behavior including possible suicidal ideation. There is information in the records indicating a continued progression of nerve pathology. This individual has been treated with physical therapy, pain medication, a home exercise program and modified work duties. These modalities are documented to have produced improvement but she has recurring symptomology and is requesting a multidisciplinary evaluation as well as a pain management evaluation with 4 follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management and Rehabilitation Evaluation and 4 Follow-Up Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127, Chronic Pain Treatment Guidelines Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-34.

Decision rationale: CA MTUS states, "Criteria for the general use of multidisciplinary pain management programs: 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." As noted below an evaluation is required to meet the criteria for entry into a multidisciplinary treatment program (to include pain management). While a pain management evaluation is certainly warranted and may be included as part of the multidisciplinary evaluation discussed below the request for 4 additional visits beyond the initial evaluation cannot be considered medically necessary as the decision for the need for additional visits cannot be reasonably made until the completion of the evaluation. As such the request for pain management evaluation plus four visits is deemed not medically necessary.

Multidisciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 31-34.

Decision rationale: The CA MTUS chronic pain guidelines state, under Criteria for the general use of multi-disciplinary pain management programs; that multidisciplinary programs may be necessary when six 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." The first criteria to be met prior to a decision being made regarding the medical necessity for entering into a multidisciplinary program requires an "adequate and thorough" evaluation to be done. As for the remaining criteria; available records seem to indicate that this is an individual motivated to return

to work and who is attempting to address negative predictors of success. As such, I am reversing the earlier decision and find the request for a multidisciplinary evaluation to be medically necessary.