

Case Number:	CM14-0210057		
Date Assigned:	12/23/2014	Date of Injury:	01/12/2014
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 30 year-old female with date of injury 01/12/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/25/2014, lists subjective complaints as pain in the neck and right shoulder. Patient underwent an initial functional restoration program evaluation on 07/24/2014, which was notable for outlining the patient's history of functional loss after her repetitive lifting shoulder injury. The patient was found to have a right C5-6 paracentral disc herniation, myofascial pain, and chronic pain syndrome. Objective findings: Examination of the cervical spine revealed increased tension in a diffuse manner, predominantly along the right side of thorax, extending from the occiput caudally at least into the lumbar region and over the right scapular area, but with tenderness over the glenohumeral joint and upper limb. Cervical range of motion was full. Shoulder abduction was full bilaterally, although with aggravation of the numbness and tingling in the right upper limb. Patient had paresthesia in the right posterior upper limb. Diagnosis: 1. chronic right neck and middle back pain, with referral down the right upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

x160 hours: Upheld

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

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),
Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Despite the lack of documentation, the previous physician reviewer authorized an initial trial of 2 weeks to evaluate the efficacy of the functional restoration program. There is no new documentation providing evidence of documented efficacy by subjective and objective gains. [REDACTED]
[REDACTED] x160 hours is not medically necessary.