

Case Number:	CM14-0212356		
Date Assigned:	01/02/2015	Date of Injury:	07/14/2007
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 injured worker is a 48-year-old female who reported an injury on 07/14/2007. The mechanism of injury reportedly occurred when moving a cart and it fell over. The injured worker has a history of chronic neck pain. She rates her neck pain a 10/10 and it radiated into her arms and into her hands. Her hands became swollen because of the neck pain and she could not get out of bed for 3 days. The injured worker stated she always had headaches from the neck pain. The patient stated physical therapy had been authorized and she went for evaluation but because of her swollen hands, the therapist wanted her to get an EKG before she started therapy. The injured worker had been scheduled for a cervical steroid injection later. She had been authorized for a psych therapy risk management 1 time evaluation. The injured worker took Norco 10/325 mg 4 pills a day, Celebrex 200 mg, Cymbalta 30 mg a day, and Topamax 25 mg a day. Cymbalta and Topamax were started at the last visit and the injured worker denied having side effects. She had not noticed much difference in her pain level or depression. The injured worker stated she had tried Neurontin previously but not recently. She denied having any side effects to Neurontin. She had been authorized to get Silenor and the methocarbamol she was taking did not help her at all. Upon examination, cervical range of motion was limited in all planes and shoulder range of motion was limited in all planes. Diagnoses included chronic neck pain, bilateral shoulder pain, cervical strain and pain and right C5-6 herniated nucleus pulposus on MRI of 10/18/2013, right shoulder strain and pain with right shoulder bursitis as per MRI on 10/18/2013, tension headaches, and depression and anxiety. The treatment plan was to prescribe Norco 10/325 mg, Celebrex 200 mg, Cymbalta 30, Topamax 25 mg, and Neurontin 300 mg.

Neurontin was a new medication to help with the paresthesias in the right upper extremity. The injured worker would attend all the visits including physical therapy, psychotherapy, and steroid injection as authorized. The patient was advised to try to cut down on the smoking completely and followup in 4 weeks. On 12/16/2014, the injured worker was seen for chronic neck pain. The injured worker was to receive an EKG on 12/16/2014. She was unable to receive the epidural steroid injection due to throwing up and had not been able to contact the office for rescheduling. Upon examination, the injured worker did not exhibit any pain behaviors or aberrant behaviors. Cervical range of motion was limited in all planes. Shoulder range of motion was limited in all planes. The Request for Authorization was dated 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Disciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multi-Disciplinary Evaluation Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: The request for multidisciplinary evaluation is not supported. The injured worker has a history of chronic neck pain. The CA MTUS state the criteria for the general use of multidisciplinary pain management programs includes: (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. There is a lack of documentation that the injured worker received surgery. There is a lack of documentation of conservative treatment performed. The injured worker had not received conservative care in the form of epidural injection or physical therapy due to illness and swelling of hands. The injured worker was recently certified for a psychological evaluation. There is a lack of documentation of the outcome from the evaluation. As such, the request is not medically necessary.