

Case Number:	CM14-0214582		
Date Assigned:	01/07/2015	Date of Injury:	01/06/2013
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 is a 42 year old female with a date of injury of 1/6/13. She is being treated for sprain of the neck, sprain of the shoulder, iliofemoral strain, closed rib fracture and sprain of the lumbar region. Subjective findings on 11/6/14 include headache, neck and upper back pain with reduced range of motion, numbness and tingling in bilateral upper extremities R>L, burning pain in the right arm, bilateral shoulder pain, bilateral elbow pain, bilateral hand and wrist pain, low back pain and bilateral hip pain. Objective findings include cervical exam demonstrating tenderness over right rhomboid and right trapezius and lumbar exam revealing tenderness to palpation over lumbosacral midline and bilateral hamstring tightness. Treatment thus far has consisted of medications (ibuprofen, Norco) and physical therapy. The Utilization Review on 12/12/14 found the request for One-day Multi-disciplinary Evaluation to consider her for a Functional Restoration Program was non-certify due to lack of fulfilling the clinical criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) day multi-disciplinary evaluation (MDE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines,

Treatment in Workers Compensation, 2014 web-based edition. California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states that, 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. Long-term evidence suggests that the benefit of these programs diminishes over time. And furthermore, Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the patient does not fulfill the criteria set forth by the MTUS. The medical records fail to document an adequate and thorough baseline testing. The records fail to document unsuccessful treatments with other methods of treating her pain other than NSAIDS, Norco and physical therapy. The patient has not lost independent function secondary to her pain and continues to work on a limited duty. As such, the request for One-day Multi-disciplinary Evaluation to consider her for a Functional Restoration Program is not medically necessary.