MAXIMUS Federal Services

Case Number:	CM14-0217032		
Date Assigned:	01/06/2015	Date of Injury:	03/22/1999
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 61 year old male sustained work related industrial injuries on March 22, 1999. The mechanism of injury involved a right sided stroke. The injured worker was diagnosed and recently treated for pain disorder with work related injury medical condition and psychological factors, adjustment disorder with mixed anxiety and depressed mood and occupational problem. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, chiropractic therapy, consultations and periodic follow up visits. Per treating provider report dated December 3, 2014, the injured worker complained of sleep disorder, vocational concerns, psychosocial stressors and physical limitations. Documentation noted that the primary physician had assisted the chronic pain management team in tapering the injured worker off all narcotic medication. December 12, 2014, injured worker was evaluated for progress and response to the care plan. Pain level was a 4/10. Documentation noted that since the last visit the injured worker had reported that is neck, shoulder and arm had gotten worse. Objective findings revealed tenderness in the right cervical region with increase muscle tone and decreased range of motion. There was also tenderness in the right thoracic spine with increase muscle tone. Range of motion in thoracic spine was noted to have gotten worse since last visit and range of motion in the shoulder had decreased. Provider noted that the injured worker overall condition had deteriorated since last visit. The treatment plan was modified to consist of neuro-muscular massage, myofascial release, neuro muscular re-education and therapeutic exercises, activities daily living, inferential and massage. As of December 3, 2014, the injured worker remains in off-work status. The treating physician prescribed services for chronic pain management therapy program now

under review.On December 15, 2014, the Utilization Review (UR) evaluated the prescription for chronic pain management therapy program requested on December 9, 2014. Upon review of the clinical information, UR non-certified the request for chronic pain management therapy program, noting the inconsistency from previous treatment, lack of sufficient clinical documentation to support medical necessity for additional treatment, and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Management Therapy Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

Decision rationale: Chronic pain programs: Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the gold-standard content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested 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.There is no documentation that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Furthermore, there is no objective documentation that the patient failed previous methods for treating pain and have a significant loss of function. Therefore, the request is not medically necessary.