

Case Number:	CM15-0015119		
Date Assigned:	02/03/2015	Date of Injury:	05/30/2012
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 5/30/2012. He reports pain in the neck and upper extremities. Diagnoses include arthrodesis status, occipital neuralgia, cervical radiculopathy and failed cervical neck surgery syndrome. Treatments to date include 2 prior cervical surgeries, physical therapy and medication management. A progress note from the treating provider dated 11/16/2014 indicates the injured worker reported continued neck, shoulder and upper back pain. On 1/14/2015, Utilization Review non-certified the request for inpatient multidisciplinary pain center, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient multidisciplinary pain center: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management program Page(s): 30-32.

Decision rationale: Per the 01/14/15 report the patient presents with neck and right shoulder pain s/p cervical surgery x 2. The current request is for INPATIENT MULTIDISCIPLINARY PAIN CENTER per the 01/07/15 RFA. The patient is not working. Regarding criteria for multidisciplinary pain management program, MTUS guidelines page 31 and 32 states may be considered medically necessary when all criteria are met including, 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain have been unsuccessful. 3. Significant loss of ability to function independently resulting from the chronic pain. 4. Not a candidate for surgery or other treatments would clearly be. 5. The patient exhibits motivation to change. 6. Negative predictors of success above have been addressed. The 01/14/15 report by [REDACTED] states the patient has been recommended for an inpatient pain/rehab program by his QME to improve functioning. This 12/18/14 report by [REDACTED] is included for review. However, [REDACTED] reports the patient is considering a 3rd neck surgery. The 01/02/15 report by [REDACTED] 2 recommends the patient be referred to a multidisciplinary center to reach maximum medical improvement post 3rd neck surgery. In this case, criteria require that the patient not be considered a candidate for surgery. Furthermore, the reports provided do not document a thorough evaluation including documentation of the patient's motivation to change and addressing negative predictors of success. In this case, the request IS NOT medically necessary.