

Case Number:	CM15-0112005		
Date Assigned:	06/18/2015	Date of Injury:	05/30/2012
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on 5/30/2012. She reported a closed head injury with mild traumatic brain injury. Diagnoses include post-concussion syndrome, fibromyosistis, chronic pain syndrome, and post traumatic stress disorder. Treatments to date include medication management, physical therapy, psychotherapy, and chiropractic therapy. Currently, she complained of increased pain and headaches and notes the lack of authorization for medication refills. There was complaint of memory problems and inability to drive secondary to dizziness. The provider documented two Emergency Department visits secondary to pain, the last presentation being three weeks prior. On 5/12/15, the physical examination documented tenderness over cervical muscles and facet joints with guarded movement. The plan of care included a one-day interdisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Interdisciplinary Pain Management Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs Page(s): 31.

Decision rationale: According to the guidelines: 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. In this case, the claimant was getting some response to medication. Motivation to change and forgo secondary gains was not documented. Candidacy for surgery or deferral was not noted. A failure of conservative options including medication was not substantiated. The request for a multi-disciplinary pain evolution was not elaborated or substantiated and is not medically necessary.