

<b>Case Number:</b>	CM15-0116793		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 65 year old male, who sustained an industrial injury on 8/20/01. The injured worker has complaints of depression and anxiety. The documentation noted that the injured worker has physical and emotional condition has declined. The injured worker is concerned of that his condition is worsening and fearful that if nothing different is tried, he will be unable to take care of himself and /or his family. The injured worker has bilateral foot and ankle pain. The diagnoses have included sprain of neck. Treatment to date has included physical therapy and magnetic resonance imaging (MRI) of the cervical spine indicating anterior cervical fusion, C6 through C7 localized susceptibility artifacts limited, multilevel cervical spondylosis. The request was for multidisciplinary evaluation, one day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation, one day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Multidisciplinary/Chronic Pain Programs. These guidelines comment on the criteria to engage in such as program. 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. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, there is insufficient evidence that the patient meets these above cited criteria. First, it is unclear whether the patient has undergone an adequate trial of first line treatment. Further, there is insufficient documentation that the patient is motivated to change. It is unclear whether there have been efforts to identify and address potential negative predictors of success. Further, the use of a one-day evaluation, will not allow for an assessment of the effectiveness of the intervention. For these reasons, a multidisciplinary evaluation for one day is not considered as medically necessary.