

Case Number:	CM15-0119299		
Date Assigned:	06/29/2015	Date of Injury:	08/21/2013
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 66-year-old who has filed a claim for chronic neck, back, shoulder, hip, and hand pain reportedly associated with an industrial injury of August 21, 2013. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for a functional restoration program evaluation and a pain consultation. The claims administrator referenced a May 7, 2015 progress note and an associated RFA form dated of the same date in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the decision. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant reported ongoing complaints of neck, shoulder, hip, hand, and thigh pain. Electro diagnostic testing of the upper extremities was sought to search for a cervical radiculopathy versus peripheral neuropathy. Flexeril, tramadol, and a rather proscriptive 10-pound lifting limitation were endorsed. On May 7, 2015, the attending provider suggested that the applicant employ a wrist brace for pain control purposes. Massage therapy, pool therapy, a body pillow, and electro diagnostic testing of the upper extremities were sought. On March 12, 2015, six sessions of acupuncture were endorsed for the first time. On May 28, 2015, the applicant again reported ongoing complaints of neck, shoulder, hip, hand, and thigh pain. The applicant was asked to continue Motrin, tramadol, and Flexeril. Pool therapy, massage therapy, and a wrist brace were endorsed. The attending provider stated that he was seeking authorization for a functional restoration program on the grounds that other requested treatments had been denied through the Utilization Review process. A psychological evaluation to obtain psychologic consultation and treatment were sought on the grounds that the applicant had issues with poor coping, pain, and psychological overlay. A pain management consultation was also sought.

A rather proscriptive 10-pound lifting limitation was renewed. It did not appear that the applicant was working with said 10-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Restoration Program Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; chronic pain programs (functional restoration programs) Page(s): 6; 32.

Decision rationale: No, the request for an initial functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, here, however, it did not appear that the applicant was, in fact, prepared to make the effort to try and improve. The applicant was seemingly off of work as of the date of the request, May 28, 2015. A rather proscriptive 10-pound lifting limitation was imposed as of that date. It did not appear, thus, that the applicant was intent on foregoing disability and/or indemnity benefits in an effort to try and improve. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant suffers with chronic pain. The less likely that any treatment, including a comprehensive functional restoration program, will be effected. Here, the applicant had longstanding pain complaints present for a little under two years as of the date of the request, May 28, 2015, following an industrial injury of August 21, 2013. It did not appear that treatment via a functional restoration program would likely be effective here. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the cardinal criteria for the pursuit of a functional restoration program is evidence that previous methods of treating chronic pain had proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider himself acknowledged on May 28, 2015 that the applicant had not had much in the way of psychological treatment prior to the request for a functional restoration program evaluation. Several other treatments were proposed on or around May 28, 2015, including massage therapy, pool therapy, a wrist brace, psychological counseling, acupuncture, etc. It did appear, thus, that there were variety of other treatment options which could have potentially effected significant clinical improvement outside of the functional restoration program and associated evaluation at issue. Therefore, the request was not medically necessary.

Pain Consultation with specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OMPG: Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for a pain consultation with a pain management specialist was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had longstanding multifocal pain complaints evident on or around the date of the request, May 28, 2015. Obtaining the added expertise of a practitioner specializing in chronic pain to formulate other possible treatment options was, thus, indicated. Therefore, the request was medically necessary.