

Case Number:	CM15-0172310		
Date Assigned:	09/14/2015	Date of Injury:	08/09/2008
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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 48 year old male, who sustained an industrial-work injury on 8-9-08. He reported initial complaints of neck and upper extremity pain with tingling. The injured worker was diagnosed as having chronic pain syndrome, CRPS of the left upper extremity, and cervical DDD (degenerative disc disease) at C5-6 and C6-7. There is a history of left clavicle fracture at age 18. Treatment to date has included medication, ESI (epidural steroid injection), ganglion nerve block, and diagnostics. MRI results were reported on 1-30-15 of the cervical spine that demonstrated C5-6, C6-7 focal central disc protrusion, 2.9 mm, effaces the spinal cord; mucus retention cyst of the right maxillary sinus, tiny cyst of the right thyroid gland, spondylosis at C4-5, C5-6, and C6-7, and hypolordosis. Currently, the injured worker complains of left upper extremity pain described as stabbing and shooting, despite treatment with cast. Pain level is 8 out of 10. Medication includes Tylenol and Motrin (over the counter). After the injection, there was good pain relief for a couple of weeks. Per the pain management evaluation on 8-4-15, exam notes 4+ out of 5 motor strength of right upper extremity, left upper extremity severely limited by pain, sensory grossly intact, limited range of motion, holding neck in right side bending. Lumbar range of motion limited due to discomfort, positive FABER, tenderness to lower paraspinals and bilateral upper trapezium. Current plan of care includes a PEP (productivity enhancement program) that includes a psychologist, physical therapist, and physician. The Request for Authorization date was 8-11-15 and requested service included Productivity Enhancement Program. The Utilization Review on 8-19-15 denied the request due specific

stipulations to qualify, per Official Disability Guidelines (ODG) Pain Chapter (Online Version): Progressive goal attainment program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Productivity Enhancement Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version): Progressive goal attainment program.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Progressive Goal Attainment Program.

Decision rationale: Based on the 8/4/15 progress report provided by the treating physician; this patient presents with lower upper extremity pain. The treater has asked for Productivity Enhancement Program on 8/4/15. The patient's diagnosis per request for authorization dated 8/11/15 is CRPS. The patient also complains of back pain, neck pain, and a recently increased left arm pain along with numbness in bilateral hands for the past one week per 5/26/15 report. The patient uses a cane and braces on left wrist per 5/26/15 report. The patient is s/p left arm cast, multiple injections, nerve block which gave 'couple weeks of pain relief' most recently in 2009 per 8/4/15 report. The patient had 12 sessions of physical therapy without benefit sometime after November 2008 but before July 2009 per 8/4/15 report. The patient had a left inguinal hernia repair at age 20, with no other significant surgical history per 8/4/15 report. The patient is currently using OTC Tylenol, Motrin, Diovan, Clonidine, and Ambien per 8/4/15 report. The patient's work status is "not working on this time," and is on disability (worker's compensation) per 8/4/15 report. ODG Guidelines, Pain Chapter, under Progressive Goal Attainment Program states: "Recommended as an option where there is access to trained providers. PGAP is a standardized community-based intervention delivered by OTs, PTs, kinesiologists, nurses, rehabilitation counselors and psychologists, who have been trained by the PGAP program. The primary goal of PGAP is to reduce psychosocial barriers to return-to-work, and the program is used for musculoskeletal conditions, depression, cancer, and other debilitating health conditions. This study showed that participation in PGAP increased the probability of return to work following whiplash injury by more than 50%. (Sullivan 2, 2006) Another study also found PGAP may be helpful in the management of persistent whiplash associated disorders. (Shearer, 2015) Findings suggest that PGAP can be a cost-effective means of improving function and facilitating return to work in individuals at risk for prolonged disability. PGAP is often delivered in conjunction with an active physical therapy or restorative exercise program. (Sullivan, 2010) Criteria for the Progressive goal attainment program (PGAP): Lack of improvement with early active physical therapy, Off work at least 5 weeks, but less than one year of continuous time lost, Surgery not planned or likely, No evidence of drug or alcohol problem, Not currently in work hardening, Maximum of 10 weeks treatment with one hour sessions on a weekly basis (L&I, 2013)." In this case, the patient has a diagnosis of CRPS, has failed conservative treatment including early physical therapy, and the treater is requesting a

productivity enhancement program. However, ODG guidelines state that the patient is to be off work at least 5 weeks but less than one year of continuous time lost. Per review of reports, the patient is currently not working and there is no evidence the patient has returned to work since the original injury in 2008. The request is not in accordance with ODG guidelines and is not medically necessary.