

Case Number:	CM15-0061986		
Date Assigned:	04/07/2015	Date of Injury:	02/19/2014
Decision Date:	12/21/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/01/2015

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:

This 59 year old female sustained an industrial injury on 2-19-14. Documentation indicated that the injured worker was receiving treatment for degeneration of cervical intervertebral disc and chronic myofascial pain. Previous treatment included physical therapy, rest, time off work, work modification, psychological and psychiatric care and medications. In a progress note dated 2-13-15, the injured worker complained of ongoing neck pain. The injured worker also complained of fatigue, lethargy, depression and anxiety. Physical exam was remarkable for cervical spine with "normal" range of motion and muscle spasms over bilateral upper trapezius muscles. The physician noted that the injured worker had developed chronic pain with chronic pain mood related disorder. The injured worker was not working. The treatment plan included a one day interdisciplinary pain management evaluation. On 3-4-15, Utilization Review noncertified a request for 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-<https://www.acoempracguides.org/>

Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Review indicates limited reports provided to support the request of the interdisciplinary evaluation. The patient sustained an injury on 2/19/14 and continues to treat for degeneration of cervical intervertebral disc and chronic myofascial pain, remaining off work. There is concurrent diagnosis of mood disorder in which she is treating with psychiatrist and psychologist. Current medications include cyclobenzaprine and nabumetone. Clinical exam showed normal gait and posture, normal cervical alignment, spasm, and normal cervical range of motion without identified neurological deficits. Although it was noted she failed conservative treatment, there are no specifics of any therapy notes, failed work attempts, failed pharmacological intervention, neurological deficits, or ADL limitations to support for the interdisciplinary evaluation. It appears the patient has not exhausted any conservative treatment trial and remains not working despite allowance for modified duty. It is unclear why the patient requires a interdisciplinary pain management Program evaluation at this time. The clinical exam findings remain unchanged and there is no documentation of limiting ADL functions or significant loss of ability to function independently resulting from the chronic pain. Submitted reports have not specifically identified neurological and functional deficits amenable to a FRP with motivation for return to work status. Per MTUS Chronic Pain Treatment Guidelines, criteria are not met. At a minimum, there should be appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above nor is there functional inability for objective gains and measurable improvement requiring a functional restoration evaluation. Medical indication and necessity have not been established. The One day interdisciplinary pain management evaluation is not medically necessary and appropriate.