

Case Number:	CM15-0094386		
Date Assigned:	05/20/2015	Date of Injury:	02/22/1996
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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 64 year old female, who sustained an industrial injury on 02/22/1996. The injured worker is currently retired. The injured worker is currently diagnosed as having joint pain in pelvic region and thigh, cervical post-laminectomy syndrome, sacrococcygeal arthritis, and episodic opioid dependence. Treatment and diagnostics to date has included lumbar spine x-rays which showed stable posterior spinal fusion and multilevel mild degenerative arthrosis, cervical spine fusion, functional capacity evaluation, shoulder surgeries, lumbar surgeries, right knee surgery, and medications. In a progress note dated 01/10/15, the injured worker presented with complaints of left shoulder pain, left arm pain, and weakness. Objective findings include diffuse tenderness to left shoulder with diminished grip strength. The treating physician reported requesting authorization for HELP evaluation, neurology consultation, and functional restoration program. Report dated 4/10/15 notes that shoulder orthopedic evaluation has been authorized. It is noted that hip orthopedic evaluation is requested. Neurology evaluation for the head is requested referring to stitches on the top of the head. Utilization Review dated 5/17/15 notes that multidisciplinary evaluation/assessment has been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Evaluation (Full Day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 31. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: According to the MTUS guidelines, 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. The medical records note that a multidisciplinary evaluation/assessment has been approved. The medical records do not establish the difference between the HELP evaluation and a multidisciplinary evaluation/assessment. The request for HELP Evaluation (Full Day) is not medically necessary and appropriate.

Neurology consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case, the request for neurology consultation is noted to be for the head referencing to stitches. However, in the absence of additional examination findings, the request for a neurology consultation is not medically necessary and appropriate.

Functional Restoration Program (frequency/duration unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: According to the MTUS guidelines, a requirement for outpatient pain rehabilitation programs is that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; The medical records note that a multidisciplinary evaluation/assessment has been approved. A Functional Restoration Program in the absence of a multidisciplinary evaluation/assessment is not medically necessary and appropriate.