MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2344
[redacted]

Dated: 12/23/2013

IMR Case Number:	CM13-0021561	**Date of Injury:**	09/16/2012
Claims Number:	[redacted]	**UR Denial Date:**	08/26/2013
Priority:	STANDARD	**Application Received:**	09/09/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] MD		
Treatment(s) in Dispute Listed on IMR Application:			
MULTIDISCIPLINARY EVALUATION WITH ENROLLMENT IN A MULTIDISCIPLINARY PAIN			

DEAR [redacted] ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented former [redacted] employee who has filed a claim for chronic pain syndrome, chronic neck pain, and right shoulder pain reportedly associated with an industrial injury of September 16, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the right shoulder of October 8, 2012, notable for a low-grade partial thickness supraspinatus tendon tear; psychotropic medications; unspecified amounts of acupuncture; and reported return to restricted duty work.

In an August 26, 2013 utilization review report, the claims administrator denied a request for a multidisciplinary pain program. On September 6, 2013, the applicant appealed.

In a July 25, 2013 progress note, the applicant's psychologist notes that the applicant reports 6/10 pain with associated sadness, worry, fear, and pain. The applicant has diminished playing with and spending time with her grandchildren. A formal multidisciplinary pain rehabilitation program is endorsed. An earlier psychological counseling note of July 25, 2013 is notable for comments that the applicant is on tramadol, Advil, and cholesterol medications. It is stated that the applicant is working modified duty, which includes wiping and cleaning tables inside the building and cafeteria. The applicant expresses concerns that she believes that her employer may terminate her from her position.

IMR DECISION(S) AND RATIONALE(S)

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

1. Multidisciplinary evaluation is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Management Programs/ Evaluation and Enrollment (trial period), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 6, which is part of the MTUS

The Physician Reviewer's decision rationale:
As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered if an applicant is prepared to make the effort. In this case, the applicant does have multifocal pain complaints superimposed on psychological issues with anxiety, stress, and fear of losing her job. She has seemingly returned to some form of work, indicating that she is likely prepared to make the effort to try and improve. Therefore, the original utilization review decision is overturned. **The request for Multidisciplinary evaluation is medically necessary and appropriate**

2. Enrollment in a multidisciplinary pain rehabilitation program x 20 days is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Management Programs/ Evaluation and Enrollment (trial period), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 31 & 32, which is part of the MTUS.

The Physician Reviewer's decision rationale:
As noted on pages 31 and 32 of the MTUS Chronic Pain Medical Treatment Guidelines, a baseline or precursor evaluation is generally considered a prerequisite to enrollment in the functional restoration program/multidisciplinary pain management program. In this case, the program evaluation has been certified above, in question #1. This evaluation should be obtained prior to determining whether the applicant is in fact a candidate for the 20-day multidisciplinary pain rehabilitation program. It is further noted that another criteria for pursuit of said program is evidence that previous means of treating chronic pain that have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, this has not been definitively established. The applicant has returned to modified work. It is not clear why conventional means of treating pain, such as outpatient office visits, outpatient counseling, etc., cannot be employed here, going forward. Therefore, the request remains non-certified, on independent medical review. **The request for enrollment in a multidisciplinary pain rehabilitation program x 20 days is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0021561