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| <b>Case Number:</b>   | CM13-0008288 |                              |            |
| <b>Date Assigned:</b> | 09/17/2013   | <b>Date of Injury:</b>       | 06/11/2010 |
| <b>Decision Date:</b> | 01/02/2014   | <b>UR Denial Date:</b>       | 07/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/07/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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.

### 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 IMR application lists the injury date as 6/11/10 and shows a dispute with the 7/12/13 UR decision. The 7/12/13 UR decision is by [REDACTED], and is denying a one-day interdisciplinary pain management evaluation at [REDACTED], based on the 6/27/13 report by Dr. [REDACTED]. The 6/27/13 report by Dr. [REDACTED] shows that he is a pain management physician and works at the [REDACTED] center. [REDACTED] reports the patient has being a 52 YO, 5'4", 165 lbs., F that had been evaluated by various physicians and had failed rest, medications, PT, acupuncture, pain psychology, ESI, facet injections, and SI injections. Dr. [REDACTED] is the 4th pain management physician to evaluate her. He recommended the multidisciplinary pain management evaluation because the patient failed all conservative care to date. The earliest record available for IMR appears to be the 7/7/12 report from the pain management specialist, Dr. [REDACTED]. Dr. [REDACTED] states the patient injured her back while assisting a rescue team transport injured hiker 7-miles out of a park with rugged terrain on 6/11/10. She continued to work with progressive back pain until 1/30/11. She had conservative care through 3/28/11, and then had an MRI on 4/5/11 showing mild DDD but no clear pain generator. Bone scan was performed due to a bony lesion in the pelvis that was stable and benign. She had a right trochanteric injection without benefit. She was referred to Dr. [REDACTED] for interventional pain management on 10/31/11. She had a right SI joint injection on 11/11/11 without benefit. Dr. [REDACTED] tried the L4/5 ESI on 1/4/12. Then Dr. Li recommended facet injections on 1/16/12. Dr. [REDACTED] recommended 2nd opinion of Dr. [REDACTED], PM&R.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

**Decision rationale:** The records show the patient has had multidisciplinary care without benefit. The physician is requesting an interdisciplinary program/evaluation. MTUS considers this a Chronic Pain Program or functional restoration program. MTUS recommends these programs for patients with conditions that put them at risk for delayed recovery. As Dr. [REDACTED] points out that the patient has met these criteria. MTUS also states the patients should be motivated to improve and return to work and meet the patient selection criteria. The patient has not met the MTUS criteria, specifically, items #5 and #6. "(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 request is not in accordance with MTUS guidelines.