

<b>Case Number:</b>	CM13-0021045		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/13/1999
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 71 year old male who reported an injury to his low back when he was pushing a cart when it hit a bump and fell on 07/13/99. The clinical note dated 03/28/13 indicates the injured worker having previously undergone a radiofrequency rhizotomy in 2001 at the L3 through S1 levels and 09/23/02. Additional rhizotomies took place in 2003 as well. The injured worker was also identified as having undergone numerous injections in the cervical region. The injured worker continued with 9/10 pain. The note indicates the injured worker utilizing an extensive list of pharmacological interventions to include Lorazepam, Hydrocodone, Trazadone and Tramadol. Upon exam, the injured worker demonstrated upper extremity strength deficits that were rated as 3+ to 4+/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERDISCIPLINARY PAIN MANAGEMENT PROGRAM [REDACTED] TIMES 4 MONTHS QTY: 4.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The documentation indicates the injured worker having previously undergone inclusion into a multi-disciplinary pain program. Inclusion into a multi-disciplinary pain program is indicated for injured workers who have presented with multiple complaints who have not been through a previous multi-disciplinary program in the past. At the conclusion of a multi-disciplinary program, reenrollment or a repetition of the same or similar rehabilitation program is not recommended for the same condition or injury. Given that the injured worker has previously undergone a multi-disciplinary program in the past and the injured worker was approved for a partial inclusion into a multi-disciplinary program, this request is not indicated as medically necessary.