

<b>Case Number:</b>	CM13-0046238		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesia, has a subspecialty Certificate in Acupuncture and Pain 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. 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 patient is a 50 year old female injured worker with date of injury 10/24/12, with related back pain radiating to her left leg. Lumbar spine MRI dated 12/27/12, revealed facet arthropathy at L5-S1, and to a greater extent at L4-L5. There are no signs of any significant herniation, fracture, stenosis, or other significant malalignment. She has been treated with left L4 L5 TFESI 4/24/13. Per 10/9/13 report, physical examination reveals lumbar spine tenderness, left greater than right; positive straight leg raising on the left and negative on the right at 90 degrees. Her work status remains: no lifting more than 10 lbs., no bending, no stooping, no climbing. She has EMG documented L4 left sided radiculopathy. She has been treated with physical therapy and home exercise program and per 10/9/13 report Gabapentin 600 mg; she has stated that she does not want to take any pain medication and that she would like to return to work, but has uncomfortable days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for two weeks (50 hours of contact time with the patient) for multidisciplinary functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** With regard to chronic pain programs, MTUS Chronic Pain Medical Treatment Guidelines (CPMTG) states", Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). Per 10/9/13 progress report, the injured worker was indeed working two days a week with 10lb weight restriction. This does not suggest a significant loss of ability to function independently. Review of the submitted documentation does not indicate that a thorough evaluation has been made, that the patient has a significant loss of ability to function independently, that the patient is not a candidate where surgery or other treatments would clearly be warranted, or that negative predictors of success were addressed. The request is not medically necessary.