

<b>Case Number:</b>	CM13-0064563		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/05/2005
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation 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 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 50-year-old male who reported an injury on 02/05/2005. It is unclear whether the mechanism was 1 acute event, or due to repetitive injury related to the performance of job duties. Nonetheless, the injured worker sustained multiple lumbar strains. The injured worker was initially prescribed a course of physical therapy and received an MRI on an unknown date in 2005 that revealed left neural foraminal annular fissure and disc protrusion, causing narrowing of the neural foramen and lateral recess at L4-5. The injured worker then began treating with a chiropractor, received an EMG with no evidence of radiculopathy, and received an initial epidural steroid injection at L4-5 in 08/2005. The injured worker has a history of multiple suicide attempts due to his comorbid diagnosis of schizophrenia, and has been hospitalized multiple times since the initial injury occurred. The injured worker was hospitalized for a couple of weeks in 08/2006, 01/2010, and 02/2013; there was note that overall, and he has had 10 to 14 total hospitalizations due to his psychiatric illness. The injured worker's more recent course of treatment has included transforaminal steroid injections that have provided the injured worker with at least 50% pain relief for several months, is currently unemployed, and his physicians are requesting participation in a chronic pain program. The recent physical examination was obtained on 12/10/2013 and revealed 60 degrees of lumbar flexion, 10 degrees of extension, decreased reflexes on the left side, and decrease sensation in the left foot. It was noted in the medical records that the injured worker is not a surgical candidate due to his psychiatric illness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation at the [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-33.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend chronic pain programs for patients experiencing delayed recovery. Guidelines state that participation in 1 of these programs is appropriate after an adequate and thorough evaluation has been made; if there was evidence that previous methods of treating pain had been unsuccessful; if the patient cannot function independently secondary to the chronic pain; if the patient is not a candidate for surgery; and if the patient exhibits a motivation to change. Negative predictors of success must also be addressed, including the patient's work relationship, work adjustment and satisfaction, outlook regarding future employment, levels of psychosocial distress, pain levels, and duration of pre-treatment disability. The clinical information submitted for review provided evidence that the injured worker has extremely high levels of psychosocial distress, as evidenced by his 10 to 14 hospitalizations, has been injured for greater than 8 years, is currently unemployed, and has comorbid psychiatric illness. In addition, there was no evidence in the medical records submitted for review, of any pain levels or previous functional measurements with which to compare the injured worker's current values, detailing a worsening of condition. The injured worker is also noted to obtain relief from epidural steroid injections, does not require any ambulation devices to assist in ambulation, and the injured worker reports that medications are helpful in reducing his pain and improving function; however, due to the lack of objective documented pain levels, assessment of treatment efficacy to date, cannot be determined. Due to the injured worker's duration of disability, comorbid psychological diagnoses that require occasional hospitalization, lack of discussion regarding the injured worker's motivation to participate in this program, and lack of evidence of a significant loss of ability to function independently, a chronic pain program is not warranted at this time. As such, the request for initial evaluation at the [REDACTED] [REDACTED] is non-certified.