

<b>Case Number:</b>	CM13-0067641		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 patient is a 56-year-old female who reported an injury on 04/23/2012. The mechanism of injury was not provided in the medical records. The patient had initial x-rays of the cervical and lumbar spine on 04/26/2012. These studies revealed a normal lumbar spine and mild cervical spondylosis with anterior spurring at C5-6 and C6-7. It is unclear whether or not the patient has received any additional imaging studies. It was noted in the medical records that the patient received an unknown duration of physical therapy and an epidural steroid injection; however, none of these modalities provided symptom relief. The most recent clinical note dated 11/01/2013 indicated that the patient was utilizing Flector 1.3% patch every 12 hours to the low back, gabapentin 300 mg nightly, and tramadol 50 mg, 1 to 2 tablets, every 8 hours. This medication regimen was reported to mildly decrease the patient's pain as she has sustained pain levels of 7/10 to 8/10. It was also reported in this note that the patient has short-term memory difficulties as well as other cognitive dysfunctions, making it difficult for her to understand or recall information that was given to her. It was recommended that the patient participate in an intensive and ongoing program to heighten her cognitive abilities and to be able to integrate her understanding of her chronic pain syndrome. There was no other information submitted for review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE-DAY 6 HOUR INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION  
FOR LOW BACK PAIN: 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 Page(s): 31.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend chronic pain programs for patients who have failed previous methods of treating chronic pain; if there is an absence of other options likely to result in significant improvement; if the patient has significant loss of ability to function independently; the patient is not a candidate for surgery; the patient exhibits motivation to change; and negative predictors of success have been addressed. The clinical information submitted for review did not provide any functional measurements indicating that the patient was unable to function independently; there was mention of a slowed, stooped gait, and intact deep tendon reflexes only. Furthermore, there was an indication that the patient was being referred for psychotherapy; however, it is unclear if this was ever performed, and to what benefit the patient received. Furthermore, there was no documentation that the patient had motivation to change, or that her negative predictors of success were addressed and/or identified. Although the patient continues to have subjective complaints of pain, the clinical information submitted for review mostly detailed the patient's cognitive deficits. As such, the request for 1 day 6 hour interdisciplinary pain management evaluation for low back pain is non-certified.