

<b>Case Number:</b>	CM14-0003496		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	11/20/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 54-year-old female who reported an injury on November 20, 2003. The mechanism of injury was the injured worker was walking in a baker's area and slipped in water on the floor and fell on her hands and knees. On November 12, 2013 the injured worker had an antalgic gait and was ambulating with a walker. The injured worker had kyphosis and tenderness of the spinous process, paraspinal region, and iliolumbar region. The injured worker had pain with range of motion. The strength was noted to be within normal limits. However, the injured worker was noted to have absent ankle and knee reflexes on the left. The sensation to the right was within normal limits. Sensation on the left decreased in the lateral leg and dorsum of the foot and there was decreased sensation on the sole of the foot and the posterior leg. The injured worker had progressive low back pain and intermittent leg pain. The diagnoses included postlaminectomy syndrome at the lumbar region, lumbosacral spondylosis without myelopathy, lumbago, and cervical intervertebral disc displacement without myelopathy as well as cervicgia. The treatment included the injured worker was authorized for a spine surgery consultation. It was indicated the spinal cord stimulator had helped but the injured worker was miserable with pain and was having increased difficulty with activities of daily living and required assistance. Physical therapy was noted to have helped but the injured worker continued to fall down. The injured worker had urinary incontinence. It was opined per the urologist the injured worker had permanent spinal nerve damage. It was indicated they were awaiting authorization for a multispecialty, multifactorial pain team, and a spine surgery consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PAIN TEAM EVALUATION: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAM, FUNCTIONAL RESTORATION PROGRAM, 30-32

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program include an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to affect this change, and negative predictors of success have been addressed. Additionally it indicates the treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker was not a candidate for surgery. The request for outpatient pain team evaluation is not medically necessary or appropriate.