

<b>Case Number:</b>	CM14-0005191		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 44-year-old male who had a lifting injury at work on May 17, 2005. His diagnoses include a history of a herniated nucleus pulposus, L3-4 left due to lifting at work on May 17, 2005. He is Status-post hemi-laminectomy and discectomy, L3-4, left, on January 4, 2010 with persisting symptomatology. He is Status-post operative decompression and instrumented fusion at L3-4 in December 2010, with persistent symptomatology. A multi-level degenerative disk and joint disease, lumbar spine, with congenital canal narrowing and multi-level ligament of flavum hypertrophy, preexisting. He has hyperalgesia at the left L4 distribution on the left anterior thigh and anteromedial leg. He has psychosomatic overlay and severe obesity. His treatment has included chronic opioid use, epidural; facet and selective nerve root block injections, physical therapy, work modifications and surgery as listed above. According to an October 9, 2013 document, the patient has not worked since June of 2008 and the treating physician felt that the patient had a chronic pain syndrome and would benefit from a multidisciplinary pain treatment. A December 5, 2013 primary treating physician progress report states that the patient has low back pain and left leg pain and numbness rated 5-6/10. The patient is taking Pamelor and Neurontin. There is discussion that a CT of his lumbar spine is needed to evaluate for pseudarthrosis. The patient has a vertical scar on the low back, and cannot sit or stand for any notable length of time. He also has pain with standing up straight with a forward lean posture. There is pain in the lumbar spinous processes with limited range of motion due to pain. There is decreased strength and sensation in the left lower extremity. There is a request for 10 days multidisciplinary pain program, an interferential stimulator, a lumbar CT, refills of Neurontin and Pamelor.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **10 DAYS MULTIDISCIPLINARY PAIN REHABILITATION PROGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE GENERAL USE OF MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS Page(s): 31-32.

**Decision rationale:** Ten (10) days in a multidisciplinary pain rehabilitation program is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing. There is documentation that the patient is currently being evaluated for pseudarthrosis, receiving chiropractic care and still undergoing treatment. The guidelines recommend a multidisciplinary pain rehabilitation program when there is an absent of other options of treatment likely to result in significant clinical improvement. The request for 10 days in a multidisciplinary pain rehabilitation program is not medically necessary.