

<b>Case Number:</b>	CM14-0005590		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/24/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Internal 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 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 71 year old female whose date of injury is 02/24/2004. She was lifting heavy stacks of files when the injury occurred. Treatment to date is noted to include trigger point injections, chiropractic treatment, medication management, nerve blocks, surgery (1999, 2000, 2005), epidural steroid injections and physical therapy. Assessment dated 11/13/13 indicates that she has attempted to return to work, but has not worked since May 2005. Current medications are listed as Levothyroxine, Estradiol, omeprazole, metformin, Losartan, Flexeril, Gabapentin, Zocar, Aleve, Atenolol, Aspirin, acetaminophen and Qvar. Diagnoses are listed as mechanical low back pain; degenerative disc disease of the lumbar spine without myelopathy, degenerative joint disease of the lumbar spine, chronic opiate use syndrome, and severe depression. Beck Depression Inventory is 36. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, major depressive disorder and sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR ONE [REDACTED] INTERDISCIPLINARY PAIN REHABILITATION PROGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS),

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

**Decision rationale:** Based on the clinical information provided, the request for a [REDACTED] interdisciplinary pain rehabilitation program is not recommended as medically necessary. The injured worker sustained injuries over 10 years ago and has not returned to work since May 2005. CAMTUS guidelines generally do not support these programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. There is no indication that the injured worker has undergone any recent active treatment. Therefore, the request is not medically necessary.