

<b>Case Number:</b>	CM14-0109765		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/21/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old male was reportedly injured on 3/21/2009. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 4/16/2014. Indicates that there are ongoing complaints of low back pain and right lower extremity numbness/tingling. The physical examination demonstrated: wounds lateral post healed well, narrow, decreased sensation L4-5, mild weakness L4-5 right lower extremity. Recent diagnostic studies include radiographs lumbar spine which they hardware intact. There is mention of CT scan with possible pseudo-L3-4. No official report was available for review. Previous treatment includes lumbar fusion, medications, back brace, and conservative treatment. A request had been made for multidisciplinary program #32 days inpatient setting, multidisciplinary program #30 days outpatient setting, and was not certified in the pre-authorization process on 7/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary program x 32 days inpatient ending on 04/30/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chronic Pain Programs. Updated 10/2/2014.

**Decision rationale:** ODG guidelines recommend multidisciplinary programs where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). After review the medical records provided it is noted that injured worker does have significant mental health as well as dependency issues. It is also noted that the patient has already attended an inpatient multidisciplinary program. There was insufficient documentation for the necessity of continued inpatient care for an additional 32 days. Therefore, this request is deemed not medically necessary.

**Multidisciplinary program x 30 days outpatient beginning 05/01/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chronic Pain Programs. Updated 10/2/2014.

**Decision rationale:** ODG programs guidelines check where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). After review the medical records provided it is noted that the injured worker does have a significant mental health as well as dependency issue. It is also noted the claimant has attended an inpatient multidisciplinary program recently. There was insufficient documentation to justify continuation of an additional inpatient program, followed by an additional 30 day outpatient program. Therefore, this request is deemed not medically necessary.