

<b>Case Number:</b>	CM14-0019724		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	05/10/2002
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 58 year old male whose date of injury is 05/10/2002. Treatment to date includes fusion surgery, physical therapy, medication management. The physical therapy discharge summary dated 07/03/13 indicates the injured worker attended two out of seven physical therapy visits due to wanting to see his surgeon first before resuming with therapy. Note dated 09/06/13 indicates the injured worker is three months status post his revision fusion T2 to pelvis on 06/11/13. Most recent progress report dated 01/17/14 indicates the injured worker is having ongoing problems with regards to the low back. On physical examination there is bilateral paraspinal tenderness at L2 through S1. There is bilateral paraspinal tenderness and spasm. He does stand, but walks with a cane in his left upper extremity. The injured worker was recommended for a trial of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PAIN MANAGEMENT PROGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM.

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

**Decision rationale:** The submitted records fail to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no documentation of lower levels of psychological treatment. The most recent progress note dated 01/17/14 documents a recommendation for a course of acupuncture. There is no indication that the injured worker has undergone a pre-program functional capacity evaluation/physical performance evaluation or mental health evaluation as required by California Medical Treatment Utilization Schedule (CA MTUS) guidelines. Additionally, the injured worker's date of injury is over twelve years old. California Medical Treatment Utilization Schedule guidelines generally do not recommend pain programs for patients 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. The request is not medically necessary and appropriate.