

<b>Case Number:</b>	CM14-0119123		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Occupational 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 applicant is a represented Institute for [REDACTED] employee who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of March 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of aquatic therapy; and muscle relaxants. In a utilization review report dated July 23, 2014, the claims administrator denied a request for [REDACTED] Functional Restoration Program evaluation, stating that the applicant had yet to complete other treatments which could potentially prove beneficial. The applicant's attorney subsequently appealed. In a May 16, 2014 progress note, the applicant described as having persistent complaints of chronic low back pain. Aquatic therapy was pending, as was nerve conduction testing. The applicant was asked to continue on Baclofen and Lidoderm. Home exercise program was endorsed. The applicant was kept off of work through end of the school year, it was stated. It was stated that the applicant was an excellent candidate for a functional restoration program. In an earlier note dated May 2, 2014, the applicant was described as having persistent complaints of low back pain. The applicant had failed earlier epidural steroid injection therapy. Medial branch blocks were sought. Aquatic therapy was also endorsed. The applicant was placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation Help Evaluation #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program topic Page(s): 6. page 32,.

**Decision rationale:** While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does support an evaluation of admission in a multidisciplinary treatment program in applicants who prepare to make the effort, in this case, however, there is no indication that the applicant is prepared to make the effort to try and improve. The fact that the applicant is off of work, on total temporary disability and has expressed no interest in returning to work suggested that the applicant may not, in fact, be willing to try and improve. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that one of the cardinal criteria for pursuit of a chronic pain program is that previous methods of treating an applicant's chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, however, the attending provider has apparently ordered physical therapy/aquatic therapy. Thus, it is possible that the applicant could respond favorably to other treatments, which could potentially generate clinical and/or functional improvement. Therefore, the request is not medically necessary.