

<b>Case Number:</b>	CM14-0129001		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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:

This 54 year old patient had a date of injury on 4/29/2001. The mechanism of injury was lifting a heavy table cloth from a table. On a progress report dated 9/5/2014, the subjective findings included pain severity as 10/10, her best pain severity as 7/10 and her worst is 10/10. This is worse than on her last visit. On a physical exam dated 9/5/2014, the objective findings included 2 trigger points with twitch in both trapezius muscles and 3 on each side of low lumbar spine. Diagnostic impression shows cervicalgia, post laminectomy lumbar region syndrome, and spinal enthesopathy. Treatment to date includes medication management, behavioral modification, and trigger point injections. A UR decision dated 9/6/2014 denied the request for comprehensive multidiscipline assessment for APM (pain management), stating there was lack of documentation demonstrating that all lower levels of care have been attempted, and that there were no more treatment options available. The California MTUS support FRP when all primary and secondary levels of care have been attempted, when there is absence of other options likely to result in significant clinical improvement, and is not a surgical candidate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive multidisciplinary assessment for APM (Pain Management):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. In an appeal note dated 8/5/2014, the doctor's report mentioned that the patient continues to have 7/10 to 10/10 pain, difficulty with ADLs, despite treatment options, including ice, heat, and opioids, and trigger point injections. However, there was no documentation of the patient failing further conservative treatment options such as the current medications or physical therapy, and it was unclear if this patient is not a surgery candidate. In fact, this appeal note documents the patient's request for a surgery consult. Therefore, the request for comprehensive multidisciplinary assessment for APM (pain management) is not medically necessary.