

<b>Case Number:</b>	CM14-0156715		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Illinois. 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 who reported a date of injury of 03/28/2012. The injured worker had diagnoses of depressive disorder, chronic pain syndrome, and displacement of lumbar intervertebral disc without myelopathy. Prior treatments included a lumbar epidural steroid injection on 12/17/2013. Diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker had complaints of sharp, shooting, burning pain that radiated to the lower extremities with sensations of tingling, numbness, and weakness of the legs and feet, and neck pain. The injured worker indicated the pain decreased with medications, lying down and relaxing. The clinical note dated 08/20/2014 noted the injured worker's range of motion of the lumbar spine was 60 degrees of forward flexion, 20 degrees of extension, 25 degrees of side bending bilaterally, and rotation was limited. The injured worker had tenderness to palpation over the bilateral lumbar paraspinal muscles and sciatic notch, a positive lumbar facet loading maneuver bilaterally, and positive straight leg raise on the left. There was tenderness to palpation in the injured worker's sacroiliac joint with a positive Patrick's test and a positive Gaenslen's maneuver. The injured worker had diminished sensations in the left L5 and S1 dermatomes of the lower extremities, symmetric deep tendon reflexes were 1+/4 in the bilateral upper extremities and 1+/4 in the bilateral lower extremities. Medications included Ultram, naproxen, and trazodone. The treatment plan included Ultram, naproxen, Prilosec, trazodone, and the physician's recommendation for a functional restoration program. The rationale provided was indicated for the injured worker to facilitate independent self-management, reduce the patient's reliance of analgesic medications with a goal of improvement in function, and minimization of medication induced cognitive impairment and optimization of conditions that would lead to a return to work. The request for authorization form was received on 08/20/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs Page(s): 49.

**Decision rationale:** The request for multidisciplinary evaluation is not medically necessary. The injured worker had complaints of sharp, shooting, burning pain that radiated to the lower extremities with sensations of tingling, numbness, and weakness of the legs and feet, and neck pain. The injured worker indicated the pain decreased with medications, lying down and relaxing. The California MTUS Guidelines recommend functional restoration programs, although research is still ongoing as how to appropriately screen for inclusion in these programs. Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficiency as documented by subjective and objective gains. Pain rehabilitation programs combine multiple treatments, and at the least include psychological care along with physical therapy and occupational therapy. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following are met; an adequate and thorough evaluation has been made, including baseline functional testing so followup with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to affect this change. The guidelines state that an adequate and thorough evaluation should be documented, including baseline functional testing so that followup testing can note functional improvements. However, there is a lack of documentation indicative of an adequate and thorough evaluation of the injured worker's pain and functional deficits. Furthermore, the guidelines indicate the use of a functional restoration program for patients who have significant loss of ability to function independently resulting from chronic pain. There is a lack of documentation indicative of the injured worker having significant loss of abilities to function independently. The injured worker is noted to be unresponsive to a cervical epidural steroid injection on 12/17/2013. However, there is a lack of documentation indicating the injured worker has failed other conservative treatments. As such, the request is not medically necessary.