

<b>Case Number:</b>	CM14-0044577		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Family 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 46 year old male claimant sustained a work injury on 2/1/12 involving the low back. He was diagnosed with lumbar radiculopathy and myalgia. He had undergone a lumbar laminectomy. He had used topical analgesics, opioids and muscle relaxants for pain relief. He had received several chiropractic and physiotherapy treatments. He was also recommended to receive TENS therapy and epidural steroid injections. A progress note on 6/23/14 indicated the claimant had continued back pain. Exam findings were notable for tenderness in the low back with a positive straight leg raise test on the right. A subsequent request was made for 3 sessions for chronic pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic pain management group sessions x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAM Page(s): 30-31.

**Decision rationale:** According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: 1) An

adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant was recently noted to have non-painful range of motion of the spine. There was no indication of loss of significant function. In addition, a baseline evaluation needs to be done before additional treatments are considered. The request for 3 sessions of chronic pain management group is not medically necessary.