

<b>Case Number:</b>	CM14-0062027		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 & 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 28-year-old male with a reported injury on 02/19/2010. The mechanism of injury was a fall with a twisting injury. The diagnoses consisted of chronic pain syndrome, opioid dependence, lumbar spondylosis, radicular syndrome of the lower extremities, lumbar degenerative disc disease, and lumbosacral strain. The injured worker has had a psychological evaluation and he has had previous epidural steroid injections an MRI and previous physical therapy. The injured worker had an examination on 04/03/2014 for a follow-up for his low back pain and in regard to his psychiatric issues secondary to his work related injury. Upon this examination, the injured worker appeared to be very anxious and fidgety. It was reported that he had a high level of pain and that nothing was changed. Upon examination, the injured worker's range of motion was intact to all planes with pain being produced at the end regions of forward flexion, extension, coming from a flexed position, hyperextension, and axial rotation bilaterally. Sensation was intact and his motor strength was 5/5 bilaterally. The injured worker also had a psychosocial evaluation done on 01/31/2014 at which time he had symptoms of depression to include depressed and irritable mood, anhedonia, variable appetite and weight, low energy, reduced motivation, problems with memory and concentration, a sense of uselessness, and a passive suicidal idealization. It was observed that the injured worker walked with a limp and had difficulty standing and had a slow walk. The injured worker's medication list included Voltaren, Lyrica, Soma, OxyContin, and Norco. Upon examination on 04/03/2014, the injured worker received a new order for Valium. The recommended plan of treatment was for the injured worker to go have psychology sessions. There was no mention in the examinations regarding a second opinion consult for the interdisciplinary evaluation for the lumbar spine. There was no rationale and the request for authorization was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd Opinion Consult for an Interdisciplinary Evaluation for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs(functional restoration programs), page(s) 32 Page(s): 32.

**Decision rationale:** The California MTUS Guidelines recommend multidisciplinary pain management programs when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The guidelines note patient must have a significant loss of ability to function independently resulting from the chronic pain and patients should not be 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). The patient should exhibit motivation to change, and should be willing to forgo secondary gains, including disability payments to effect this change. There is a lack of evidence of documentation of baseline functional testing. Per the psychological evaluation, the injured worker is eager and motivated to improve. The provider recommended psychotherapy and indicated if the injured worker was able to make progress and decrease his emotional distress with the therapy, he would request an assessment for comprehensive pain treatment program. There are no further records to prove whether the injured worker underwent psychotherapy and was able to make progress with his emotional distress. It is not indicated within the medical records why a second opinion is being requested as the injured worker has already been assessed. Therefore, the request for the second opinion consult for the interdisciplinary evaluation for the lumbar spine is not medically necessary.