

<b>Case Number:</b>	CM14-0063886		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 61-year-old male with an injury date on 11/24/1999. Based on the 10/01/2013 most recent emergency department report provided by [REDACTED], the diagnoses are Low back pain and sciatica. According to this report, the patient complains of left-sided low back pain with pain radiating down to the left leg. The patient's current prescriptions are Neurontin 300mg, Norco 10mg/325 and Norco 5mg/325mg. The 09/05/2013 report showed the patient has tenderness to palpation at the lumbar spine with pain in flexion. The patient states no change from last visit. There were no other significant findings noted on this report. [REDACTED] is requesting multidisciplinary program for 40 days. The utilization review denied the request on 04/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/01/2013 to 10/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Program x 40 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30,31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

**Decision rationale:** According to the 10/01/2013 report by [REDACTED] this patient presents with left-sided low back pain radiating down to his left leg. The most recent progress report is dated 10/01/2013 and the utilization review letter in question is from 04/22/2014. The request is for Multidisciplinary Program for 40 days, but there are no current progress reports, no request for authorization form containing the specific request. The utilization review letter from 4/22/14 denied the request stating that the patient already participated 46 days of pain program. Regarding functional restoration programs, MTUS recommends the total treatment duration should not exceed 20 full-day sessions or 160 hours. Review of the reports does not show any discussion from the treater regarding already provided pain programs. There are no current reports that discuss the request, treatment history, patient's progress, etc. The only relevant information available is that the patient already participated in 46 days of pain programs per utilization review letter. The treater should provide monitoring of the patient's progress and make appropriate treatment recommendations (MTUS page 8). While MTUS supports functional restoration programs, the patient must have a proper evaluation to determine their candidacy and no more than 20 full-day sessions are recommended in most cases. Therefore, is not medically necessary.