

<b>Case Number:</b>	CM14-0070957		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/21/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 injured worker is a 56-year-old male with a reported date of injury on 03/21/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic pain syndrome, narcotic induced encephalopathy withdrawal syndrome, opiate dependence, cannabis dependence, major depression, anxiety, sleep disorder, status post L3-4 lateral lumbar interbody fusion, lumbar radiculopathy, Benzodiazepine dependence, and alcohol dependence that is in remission. His previous treatments were noted to include surgery, medications, and a multidisciplinary pain program. The progress note dated 02/12/2014 revealed the injured worker was having withdrawal symptoms and was slowly progressing. The injured worker indicated he was still experiencing pain but his range of motion had improved. The provider indicated the injured worker wanted to work and continue his treatment at the multidisciplinary pain program. The provider indicated the injured worker was off of all narcotics but was still experiencing post acute withdrawal symptoms. The provider reported inpatient programming required a full 24 months of a patient being drug free for completion to ensure ongoing success. The request for authorization form dated 02/21/2014 was for a multidisciplinary pain program for functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Program times 30 days outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN PROGRAMS Page(s): 30, 32.

**Decision rationale:** The injured worker has participated previously in a multidisciplinary program. The California Chronic Pain Medical Treatment Guidelines recommend chronic pain programs where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work and meet the patient selection criteria. Of so-called multidisciplinary pain programs or interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments and, at the least, include psychological care along with physical therapy and occupational therapy (including an active exercise component as opposed to passive modalities). The Guidelines state, while recommended, the research remains ongoing as to what is considered the gold standard content for treatment, the group of patients that benefit most from this treatment, the ideal timing of when to initiate treatment, and the intensity necessary for effective treatment. The Guidelines criteria for the general use of multidisciplinary pain management programs are an adequate and thorough evaluation has been made, including baseline functional testings so followup with the same test can note functional improvement; 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 patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate for surgery or other treatments would be clearly warranted; and the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments, to effect this change. The Guidelines state treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should not generally exceed 20 full day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The injured worker has previously participated in a multidisciplinary program; however, the number of sessions completed was not submitted within the medical records. The injured worker is no longer taking narcotics and has been back to work about 2 days a week. The Guidelines recommend not to exceed 20 full day sessions unless a clear rationale for the specified extension and reasonable goals to be achieved have been documented. The request for 30 days outpatient exceeds Guideline recommendations and there is a previous unknown number of multidisciplinary program sessions completed. Therefore, the request is not medically necessary and appropriate.

**Multidisciplinary Program times 32 days inpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN PROGRAMS Page(s): 30, 32.

**Decision rationale:** The injured worker has completed previous inpatient sessions at a multidisciplinary pain program. The California Chronic Pain Medical Treatment Guidelines recommendations for inpatient pain rehabilitation programs state they typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who don't have the minimal functional capacity to participate effectively in an outpatient program, have medical conditions that require more intensive oversight, are receiving large amounts of medications necessitating medication weaning or detoxification, or have complex medical or psychological diagnoses that benefit from more intensive observation and/or additional consultation during the rehabilitation process. The injured worker has completed previous unknown number of multidisciplinary program sessions with positive results. The Guidelines recommendations are for injured workers who do not have the minimal functional capacity to participate effectively in an outpatient program and the injured worker is now back to work 2 days a week and is off all narcotic medications, which does not warrant an inpatient multidisciplinary program. Therefore, the request is not medically necessary and appropriate.