

<b>Case Number:</b>	CM14-0073399		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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:

This 41 year-old Packer/general laborer sustained an injury on 9/26/11 while employed by [REDACTED]. Apparent injury resulted while the patient was reaching for melons when the packing machine she was on ran into the machine, causing her fall onto her right side. Request under consideration includes One Time Intensive Interdisciplinary Evaluation at [REDACTED]. Report of 3/26/14 from the provider noted the patient with ongoing chronic pain complaints rated at 9/10 which interferes with her ADL (activities of daily living). There was low back pain radiating to right leg with pain in her neck as well. Conservative care has included medication, TENS unit, physical therapy, braces, acupuncture, and chiropractic treatment without change in her condition. The patient has reportedly not worked since the injury dated of September 2011. Medication lists Naproxen and Tylenol with Codeine providing minimal relief (She notes allergy to Tramadol with rapid heart rate and hair loss). Exam showed guarded antalgic gait to right side with restricted lumbar range of motion in all planes with tenderness to palpation of the lumbar spine and right SI joint region; lower extremity strength was 5/5 on left with 2-3/5 on right limited by pain; SLR positive on right at 20 degrees. Diagnoses include low back pain; degenerative joint disease of lumbar spine; facet arthritis of L3-S1; right SI joint dysfunction. Treatment discussion noted some symptom magnification during exam visit with reported burning pain of 10/10 in severity without medications and 7/10 with naproxen. There is also a noted QME report of 1/29/14 indicating the patient exhibits exaggerated and non-physiological pain behavior not explained by any mechanism of injury reported by the patient nor from any medical records reviewed. It was noted there was a lack of organic basis found for the patient's subjective complaints. MRI was noted to be of non-traumatic causation. EMG/NCS (electromyography/nerve conduction study) of 1/21/14 showed no definite findings only with possible nerve root irritation of right L5 with normal NCV.

Diagnoses included Non-physiological pain behavior; Chronic non-organic low back and right leg pain; and right hip contusion, resolved. The patient was deemed P&S/MMI (permanent and stationary / maximal medical improvement) without permanent disability or future medical provided. The request for One Time Intensive Interdisciplinary Evaluation at [REDACTED] was non-certified on 4/24/14 citing guidelines criteria and lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One Time Intensive Interdisciplinary Evaluation at [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

**Decision rationale:** This 41 year-old Packer/general laborer sustained an injury on 9/26/11 while employed by [REDACTED]. Apparent injury resulted while the patient was reaching for melons when the packing machine she was on ran into the machine, causing her fall onto her right side. Request under consideration include One Time Intensive Interdisciplinary Evaluation at [REDACTED]. Report of 3/26/14 from the provider noted the patient with ongoing chronic pain complaints rated at 9/10 which interferes with her ADL. There was low back pain radiating to right leg with pain in her neck as well. Conservative care has included medication, TENS unit, physical therapy, braces, acupuncture, and chiropractic treatment without change in her condition. The patient has reportedly not worked since the injury dated of September 2011. Medication lists Naproxen and Tylenol with Codeine providing minimal relief (She notes allergy to Tramadol with rapid heart rate and hair loss). Exam showed guarded antalgic gait to right side with restricted lumbar range of motion in all planes with tenderness to palpation of the lumbar spine and right SI joint region; lower extremity strength was 5/5 on left with 2-3/5 on right limited by pain; SLR positive on right at 20 degrees. Diagnoses include low back pain; degenerative joint disease of lumbar spine; facet arthritis of L3-S1; right SI joint dysfunction. Treatment discussion noted some symptom magnification during exam visit with reported burning pain of 10/10 in severity without medications and 7/10 with naproxen. There is also a noted QME report of 1/29/14 indicating the patient exhibits exaggerated and non-physiological pain behavior not explained by any mechanism of injury reported by the patient nor from any medical records reviewed. It was noted there was a lack of organic basis found for the patient's subjective complaints. MRI was noted to be of non-traumatic causation. An EMG/NCS of 1/21/14 showed no definite findings only with possible nerve root irritation of right L5 with normal NCV. Diagnoses included Non-physiological pain behavior; Chronic non-organic low back and right leg pain; and right hip contusion, resolved. The patient was deemed P&S/MMI without permanent disability or future medical provided. The current request for One Time Intensive Interdisciplinary Evaluation at [REDACTED] was non-certified on 4/24/14. It appears the patient is not motivated to return to any form of work and although has chronic severe pain complaints, they have been noted to be non-physiological in nature with exaggerated findings per both QME and provider. The patient has received extensive conservative therapy treatments

without functional benefit or reported pain relief and has remained not working since date of injury. Diagnostics findings were unremarkable or non-traumatic in etiology. There is also no reported psychological component except for possible secondary gain which do not meet guidelines criteria for FRP evaluation or otherwise. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to return to work. The One Time Intensive Interdisciplinary Evaluation at [REDACTED] is not medically necessary and appropriate.