

<b>Case Number:</b>	CM14-0208579		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/29/1998
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal 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 injured worker (IW) is a 49-year-old man with a date of injury of January 23, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are muscle spasm; joint pain, shoulder region; myalgia and myositis, unspecified; cervicgia; degeneration of cervical intervertebral disc; and chronic low back pain. Pursuant to the progress note dated November 5, 2014, the IW is using a combination of Hydrocodone and Tizanidine to help manage his pain, but wished to maintain a high sense of vigilance relative to his work requirements given that he carries a weapon and is operating a motor vehicle for the performance of his duties as a patrol officer for the [REDACTED]. He also takes Ambien for sleep. A physical examination was not present. Objective findings were not documented. The treating physician reports the HELP functional restoration program was authorized previously, but expired. The authorization was rescinded then the time had expired and was not extended. The treating physician reports he will submit authorization again for the HELP interdisciplinary evaluation. The treating physician reports the IW has been released to return to his usual and customary duties at present. The current request is for HELP evaluation, one-time, full day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary pain management program evaluation (day): 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 Interdisciplinary pain management program evaluation Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Interdisciplinary Pain Management Program Evaluation

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), interdisciplinary pain management program evaluation (day) is not medically necessary. Functional restoration programs are recommended for selected patients with chronic disabling pain. The criteria for general use of multidisciplinary pain programs are enumerated in the Official Disability Guidelines. These criteria include, but are not limited to, the patient has a chronic pain syndrome and evidences withdrawal from social activities or normal contact with others, including work, recreation or other social contacts; once an evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; If the documentation the patient has motivation to change and is willing to change their medication regimen; this should also be documentation of patient is aware that successful treatment may change compensation and/or other secondary gains. Total treatment duration should not exceed four weeks (24 days or 160 hours) or the equivalent in part day sessions. In this case, the injured worker's working diagnosis or muscle spasm; joint pain, shoulder region; myalgia and myositis, unspecified; cervicgia; the degeneration of cervical intervertebral disc; and chronic low back pain. Documentation from a November 5, 2014 progress note, indicates a request for functional restoration program was authorized but subsequently expired after the injured worker did not meet the timeframe for authorization. A subsequent request was not authorized. The documentation front page 4 out of 5 indicates the treating physician released the injured worker to his usual and customary duties at present. The injured worker is employed as a patrol officer. There is none of the required documentation in the medical record indicating a motivation to change, a change in the medication regimen, and that would successful treatment compensation or other secondary gains may change. There were no physical examination/objective findings in the progress note. These criteria are in conflict because the patient has returned to work in his usual duties. The documentation is somewhat confusing on the injured worker returning to work in his usual duties; however, is taking hydrocodone/acetaminophen 10 mg/325 mg Tizanidine 4 mg capsules once tablet four times a day as needed. Consequently, absent the appropriate clinical information to support a functional restoration program and the required documentation according to the guidelines, this request is not medically necessary.