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| <b>Case Number:</b>   | CM15-0000284 |                              |            |
| <b>Date Assigned:</b> | 01/09/2015   | <b>Date of Injury:</b>       | 06/27/2012 |
| <b>Decision Date:</b> | 03/12/2015   | <b>UR Denial Date:</b>       | 12/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male sustained a work related injury on 06/27/2012. According to a progress report dated 11/17/2014, the injury occurred while driving a forklift when a coworker hit him in the face with an unknown object. He was knocked out unconscious. He underwent right shoulder rotator cuff repair. Treatments have included TENS unit, medications, epidural steroid injections and physical therapy. Diagnoses included chronic pain syndrome, status post right shoulder arthroscopy, rotator cuff repair, chronic low back pain with bilateral lower extremity pain, cervicgia with headaches, depression, opiate dependence, vocational interruption and dysfunctional activities of daily living. According to the provider, the next step would be to proceed with multidisciplinary evaluations to determine if he would be an appropriate candidate for an MTUS and ODG approved functional restoration program to provide education on appropriate pain control strategies, exercise, flare up control, relaxation, biofeedback, and self-management allowing him to begin renormalizing his life, activities, and vocation. According to a progress report dated 12/02/2014, the injured worker had severe low back pain. Pain was rated 7-8 on a scale of 0-10. It was preventing him from any activities. The injured worker increased taking Norco up to three a day. He reported that increasing his Cymbalta dose helped him to deal with his depression. According to the provider medial branch block was still pending. Treatment options were discussed and the injured worker would like to be seen by orthopedic spine surgeon to discuss hip options regarding surgery. Impression was noted as degenerative disc disease, lumbar spine. On 12/15/2014, Utilization Review non-certified multidisciplinary evaluation. According to the provider, the injured worker has not exhausted all reasonable attempts at non-

operative and operative treatments. Per CA MTUS, in patients being referred for a multi-disciplinary program, previous methods of treating chronic pain should have been unsuccessful and there should be an absence of other options likely to result in significant clinical improvement. Additionally, the patient should not be a candidate where surgery or other treatments would clearly be warranted. Additionally the dose of Cymbalta was recently increased on 11/04/2014 and it is necessary to determine the patient's response to the increase in terms of pain and depression. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

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

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

**Multidisciplinary Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs (FRP) Page(s): 49.

**Decision rationale:** The patient presents with pain in his neck as well as his lower back. The request is for a MULTIDISCIPLINARY EVALUATION. The 11/17/2014 report states, From our perspective, the next logical step would be proceeding with multidisciplinary evaluations to determine if he would be an appropriate candidate for an MTUS and ODG-approved functional restoration program to provide education on appropriate pain control strategies, exercise, flare-up control, relaxation, biofeedback and self-management, allowing him to begin re-normalizing his life, activities, and vocation. MTUS Guidelines page 49 recommends functional restoration programs for chronic pain. A 2-week program is recommended if all the criteria are met. To determine the patient's candidacy, a full evaluation is appropriate to obtain. Since the patient's injury is from 2012, it could be that the patient has had cervical conservative treatments to treat his pain. Given the patient's chronic and persistent pain, a functional restoration program consultation is reasonable and is consistent with the MTUS Guidelines. The requested multidisciplinary evaluation IS medically necessary.