

<b>Case Number:</b>	CM15-0004387		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/07/1991
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 56 year old male sustained an industrial injury on 2/7/01, with subsequent ongoing back pain. No recent radiological reports were submitted for review. Treatment consisted of ongoing participation in a pain management program. In a diagnostic interview and treatment plan dated 12/5/14, the injured worker complained of pain 6-7 out of 10 on the visual analog scale. The injured worker consistently reported pain of 6-8/10 while participating in the pain management program. Current diagnoses included chronic pain disorder associated with both psychological factors and a general medical condition, displacement of thoracic, cervical or lumbar disc intervertebral without myelopathy. The injured worker reported currently being off all pain medications. The physician noted that the injured worker had made good progress in the chronic pain management program including returning to work. The goal for his treatment was to get him to at least medium work classification. The treatment plan included participation in the pain management program three times a week for four weeks. On 12/16/14, Utilization Review noncertified a request for 40 Hours of Pain Management noting lack of other treatment modalities prior to attempting the pain management program and lack of documentation of efficacy from previous participation in the pain management program as well as CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**40 Hours of Pain Management:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-34.

**Decision rationale:** 40 Hours of Pain Management is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines for a chronic pain program state that the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation does not indicate evidence of loss of inability to function independently therefore this request is not medically necessary.