

<b>Case Number:</b>	CM15-0005884		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 07/02/2008. The diagnoses have included degeneration of cervical and lumbar intervertebral discs and chronic pain. Treatments to date have included home exercise program, physical therapy, splinting, antibiotic injections, and medications. Diagnostics to date have included MRI of the left knee which showed altered signal superficial to the patella tendon demonstrates signal characteristic suspicious for old hematoma and equivocal small peripheral tear posterior horn lateral menisci and MRI of the lumbar spine showed broad based left posterior paracentral L4-5 disc herniation. In a progress note dated 12/12/2014, the injured worker presented with complaints of low back, right wrist, and neck pain. The treating physician reported the injured worker is unable to travel to [REDACTED] to attend their program in [REDACTED] and requesting authorization of multi-disciplinary evaluation. Utilization Review determination on 12/30/2014 non-certified the request for Multi-disciplinary Evaluation citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi-disciplinary evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32, 49.

**Decision rationale:** The patient presents with pain in his neck and lower back. The request is for MULTIDISCIPLINARY EVALUATION. Regarding work status, the treater states that "the patient is placed on modified duty with restrictions." Regarding criteria for multidisciplinary pain management program, MTUS guidelines page 31 and 32 states "may be considered medically necessary when all criteria are met including ..1.. adequate and thorough evaluation has been made ..2.. Previous methods of treating chronic pain have been unsuccessful ..3.. significant loss of ability to function independently resulting from the chronic pain; ..4..not a candidate for surgery or other treatments would clearly be ..5.. The patient exhibits motivation to change ..6.. Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." MTUS Guidelines page 32 further states that a 2-week functional restoration program is recommended if all the criteria are met. Since this patient's injury is from 2008, it could be that the patient has had several conservative treatments to treat his pain; however, this is unknown. Given the patient's chronic and persistent pain, a Functional Restoration Program consultation is reasonable and is consistent with the MTUS Guidelines. The request IS medically necessary.