

<b>Case Number:</b>	CM15-0146000		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 46 year old male, who sustained an industrial injury on July 10, 2007, incurring lower back injuries from repetitive job duties. He was diagnosed with lumbar degenerative disc disease with multiple disc herniations. He underwent a lumbosacral laminectomy and discectomy in 2007 and a follow up second discectomy and fusion. Treatment included a spinal cord stimulator implantation, physical therapy, pain medications and activity restrictions and modifications. Currently, the injured worker complained of persistent low back pain with radicular symptoms of numbness in his legs and feet. He noted reduced range of motion weakness and instability in his legs. The injured worker had significant loss of ability to function independently resulting from chronic pain. His pain was aggravated by stooping, bending, lifting, carrying and re-positioning. He noted his pain to be constant. The treatment plan that was requested for authorization included interdisciplinary reassessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary reassessment 1 visits 4 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Interdisciplinary reassessment 1 visits 4 hours. The RFA is dated 07/09/15. Treatment included a spinal cord stimulator implantation, physical therapy, pain medications and activity restrictions and modifications. The patient is not working. MTUS Chronic pain guidelines page 49 recommends functional restoration programs and indicate it 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. Per Interdisciplinary assessment dated 06/26/15 by [REDACTED] and [REDACTED] the patient has been evaluated as part of an interdisciplinary assessment at the [REDACTED] program to determine whether the patient was is a candidate. The assessment report states that although the patient is a candidate and motivated to participate in the program, it was decided to hold off on requesting authorization for the program and request "reassessment" in 6-9 months at which point the patient can figure out a childcare plan for his children. In this case, the request for an interdisciplinary re-assessment cannot be substantiated as the patient is currently actively participating in conservative treatment. MTUS states that an interdisciplinary program may be considered when "(2) previous methods of treating chronic pain have been unsuccessful" and "(4) not a candidate for surgery or other treatments would clearly be." According to PTP progress report dated 07/07/15, the patient is to participate in Acupuncture 6 visits for 3-6 weeks to decrease pain, inflammation, and restore function. The treater further states "if acupuncture doesn't help then we may try LESI." Conservative measures have not been exhausted for this patient; therefore, the requested re-assessment IS NOT medically necessary.