

<b>Case Number:</b>	CM15-0160389		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Pain Management

### 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 49 year old male who sustained an industrial injury on 06-17-2013. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar degenerative disc disease, myofascial pain, depression, insomnia and somatic symptom disorder. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, psychiatric and psychological evaluation with counseling and pharmacological treatment as well medications for pain management. According to the primary treating physician's progress report on July 14, 2015, the injured worker continues to experience low back pain. The medical review also noted non-compliance with prescribed medications as the injured worker will stop his medications at times as not beneficial. The injured worker was cooperative with intermittent eye contact with congruent mood, complete orientation with cognition, speech and memory intact. The injured worker denied delusions, hallucinations but continues to have poor insight and extreme despondency and was willing to contract for safety at the office visit. Current medications were listed as Naproxen, Gabapentin, Mirtazapine and Seroquel. Treatment plan consists of ongoing psychological and psychiatric treatment and the current request for a comprehensive inpatient interdisciplinary pain program 7-10 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Admission to the [REDACTED] comprehensive interdisciplinary pain program 7-10 days:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CPMP, Intensity.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP/Chronic Pain Program Section Page(s): 30-34.

**Decision rationale:** Regarding the request for an interdisciplinary chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. The MTUS outlines the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre- referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is documentation through multiple notes by psychiatry that the patient has major depression and this is intertwined with the patient's chronic pain issues. This complicating factors makes this case more complex, and a trial of interdisciplinary pain management is appropriate. Furthermore, the UR determination relates the fact that a discussion with the requesting provider took place and an initial 7 days were authorized on 8/4/15. Based upon the first week, there can an assessment of subjective and objective gains, and consideration of continuation or placing the patient in a less intense interdisciplinary setting. The current request for 7-10 days is not medically necessary, and an initial week is appropriate (as determined by the UR documents).