

<b>Case Number:</b>	CM15-0163085		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, Hawaii  
 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 43 year old female sustained an industrial injury on 4-21-14. She subsequently reported low back pain. Diagnoses include lumbar disc displacement and chronic pain syndrome. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints low back pain that radiate to the left hip. Upon examination, the lumbar spine range of motion was moderately reduced due to pain. Moderate tenderness of the paraspinal muscles was noted bilaterally. A request for one day interdisciplinary pain management evaluation was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One day interdisciplinary pain management evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** Records indicate the patient has ongoing low back pain which travels into the left buttock and groin. The current request is for a one day interdisciplinary pain management evaluation. The CA MTUS does recommend chronic pain programs and has this to say: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case there is no documentation provided suggesting the patient is unable to function independently due to chronic pain, or that there is an absence of other options likely to result in clinical improvement. There is also nothing in the medical records to suggest that the patient has a motivation to change, and is willing to forgo secondary gains. Furthermore, there is no discussion of negative predictors of success. Finally, the consulting physician performed a comprehensive evaluation of the IW with recommendation to his own functional restoration program that will in part consist of a similar comprehensive evaluation by the same consulting physician or one of his partners. The medical documentation does not establish medical necessity for the requested one day interdisciplinary pain management evaluation.