

<b>Case Number:</b>	CM15-0166462		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Massachusetts

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:

This is a 61-year-old male worker who was injured on 4-18-11 due to a fall. The medical records reviewed indicated the injured worker (IW) was treated for low back pain; hand pain; and spinal stenosis, lumbar. The records (6-8-15 to 8-12-15) showed the IW had right wrist pain and lower back pain radiating into the left hip, buttock and thigh with numbness and weakness. He had not worked since the date of injury. On physical examination, (6-8-15 to 8-12-15) range of motion was limited in all planes and painful. Facet loading was positive for pain. There were sensory deficits in the left lower extremity. Femoral stretch was positive on the left side. Gaenslen's and Pace - Freiberg's tests were positive tests for sacroiliac arthropathy and piriformis syndrome. Treatments to date include medications, including Vicodin, Tramadol, Voltaren gel and Naproxen; wrist splint; right wrist cortisone injection; physical therapy, with no relief; and epidural steroid injection (11-27-13), with greater than 50% improvement and no radicular pain. The IW reported previous treatment at a rehab facility for drug or alcohol abuse. A Comprehensive Multidisciplinary Evaluation was completed on 4-21-15, stating the IW was an excellent candidate for the functional restoration program. A Request for Authorization dated 8-13-15 asked for interdisciplinary pain management. The Utilization Review on 8-20-15 denied the request for interdisciplinary pain management, as the multidisciplinary evaluation was already completed and the functional restoration program was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inter Disciplinary Pain Management: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in April 2011 and is being treated for radiating low back pain and hand pain after a fall. The claimant has been evaluated for a functional restoration program, which was approved. When seen, cardiology clearance for participation in the functional restoration program was pending with the program planned to start in December. No opioid medications were being prescribed. Physical examination findings included a non-antalgic gait. His level of distress was not recorded. There was decreased and painful lumbar range of motion. There was decreased left lower extremity sensation. Sacroiliac joint testing and piriformis testing was positive. Pain was rated at 5-6/10. An interdisciplinary pain management evaluation was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has already had the requested evaluation and participation in a functional restoration program is pending. A repeat multidisciplinary evaluation is not medically necessary.