

<b>Case Number:</b>	CM15-0200981		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

The injured worker is a 73 year old female, who sustained an industrial injury on 5-30-03. The injured worker has complaints of burning, sharp and throbbing low back pain associated with numbness in the bilateral lower extremity. There is tenderness noted over paraspinal muscles overlying the facet joints on both sides and 2+ muscle spasms noted over. Lumbar spine range of motion was within normal limits except for flexion which is limited to 60 degrees and extension which is limited to 35 degrees. Lumbar magnetic resonance imaging (MRI) on 3-23-12 revealed dextroscoliosis with the apex at L3-4 level; multi-level disk desiccation; at L3-4 moderate bilateral foraminal stenosis with facet hypertrophy; at L4-5, severe left foraminal stenosis with moderate facet hypertrophy and at L5-S1 (sacroiliac) moderate right foraminal stenosis. The diagnoses have included sacroiliac joint pain; enthesopathy of hip region; disorder of bursa of shoulder region; degeneration of lumbar intervertebral disc; cervical spondylosis without myelopathy and lumbosacral radiculitis. Treatment to date has included flexeril with a 30 percent decrease in pain and spasm; lyrica reveals a 30 percent decrease in pain; methadone with 30 percent decrease in pain and lumbar medial branch neurotomy reveals 50 percent reduction of low back pain. The original utilization review (9-18-15) non-certified the request for one day interdisciplinary pain management evaluation quantity 1.

### 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 QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2003 when she tripped and fell onto a metal desk sustaining rib fractures and injuries to the neck, low back, and right shoulder. She had right rotator cuff repair surgery in January 2004. When seen by the requesting provider, she had been able to dramatically decrease her use of opioid medication. She was now taking medications at an MED (morphine equivalent dose) below 100 mg per day. She had been provided with additional physical therapy and had developed a new home exercise program. Adjunctive treatment had included acupuncture and chiropractic care which had been useful. Despite the claimant's progress, she described significant disability. She reported spending the majority of her day in her home and relying on her children for support. She described increasing depression and fear avoidant behavior preventing her from interacting with her family and friends. She had a complaint of bilateral low back pain without radiating symptoms. She had lower extremity weakness and numbness. Physical examination findings included an overweight body habitus. There was an antalgic gait and forward flexed body posture. She had decreased lumbar range of motion with tenderness and muscle spasms. Trigger point were present. Medications were prescribed including hydrocodone/acetaminophen, methadone, and immediate release morphine at a total MED of approximately 10 mg per day. Authorization was requested for a multidisciplinary pain management evaluation. In terms of a functional restoration / multidisciplinary program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has worsening depression that appears untreated. Further evaluation and treatment of the claimant's depression would be expected. She has already benefited from recent conservative treatments such as physical therapy, acupuncture, and chiropractic care. A multidisciplinary program evaluation is not medically necessary at this time.