

<b>Case Number:</b>	CM15-0021629		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 66 year old male, who sustained an industrial injury on August 9, 2012. The diagnoses have included chronic low back pain, lumbar degenerative disc disease (DDD), spinal stenosis, bilateral neural foraminal stenosis, lumbar myofascial pain, lumbar strain and diabetes. A progress note dated January 16, 2015 provided the injured worker complains of pain in the low back. Physical exam reveals tenderness of the lumbar spine with flexion of 80 degrees. On January 30, 2015 utilization review non-certified a request for health education for living with pain evaluation. The claimant was interested in a functional restoration program. He had been on Norco, underwent home exercises and used aqua therapy. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 3, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health Education for Living with Pain Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Functional restoration program Page(s): 30-33.

**Decision rationale:** According to the guidelines, 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. The claimant has a history and desire to improve as well as failing other prior conservative measures, the request education and a functional restoration/chronic pain program/education and evaluation is appropriate and medically necessary.