

<b>Case Number:</b>	CM15-0213953		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 23 year old male with a date of injury on 08-01-2013. The injured worker is undergoing treatment for lumbar strain, low back pain, thoracic or lumbosacral neuritis or radiculitis, and status post left L4-L5 laminectomy and discectomy on 02-06-2015. A physician note dated 06-30-2015 documents the injured worker was sent to discuss a pain rehabilitation program. It may be too early. He will be trialed on Cymbalta and he was instructed on starting the medication. He was also asked to stop the Tramadol. If he fails to make any additional progress a request for evaluation with the pain psychologist and physical therapy to see if he would be a candidate for a FRP. A physician progress note dated 07-21-2015 documents the injured worker rates his pain as a 6 out of 10. He started Cymbalta 2 weeks ago and he has had no pain relief. He is sleeping 7-9 hours a night. He is to continue his trial of Cymbalta and continue with physical therapy. In a physician note dated 09-03-2015 he is off all medications and responding well to therapy. On 09-24-2015, he finished his last physical therapy session (16). The injured worker noted improvement in flexibility and less pain. Presently he rates his pain as 5 out of 10. His Cymbalta was stopped; it was no help. The only meds he takes now are over the counter medications. His pain is at the lumbar and lumbosacral area, he has no leg pain or paresthesia. A physician note dated 10-05-2015 documents he has finished 16 physical therapy sessions and follows with a home exercise program. He states this has increased his functionality by 50%. He still has difficulty walking in the grocery store and unable to walk greater than 45 minutes. He does not participate in household chores. He is only able to sit at his computer for about 30 minutes. Given his back pain, he is unable to go back to work. Lumbar

flexion is 30 degrees and extension is 15 degrees. Treatment to date has included diagnostic studies, medications, physical therapy, aqua therapy; status post left L4-L5 laminectomy and discectomy for a left paracentral disc herniation. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 10-08-2014 revealed a slightly more prominent L4-5 central disc protrusion causing moderate spinal canal and mild bilateral neural foramina narrowing. A request for authorization dated 10-07-2015 includes a multidisciplinary evaluation. On 10-14-2015 Utilization Review non-certified the request for Multidisciplinary evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work injury in August 2013 and underwent an L4/5 laminectomy and discectomy in February 2015. In September 2015, he was finishing physical therapy. The claimant did not think that a functional restoration program was going to be recommended as he had done so well with aquatic therapy and then land based treatment. He had been able to discontinue taking all medications other than for over the counter Motrin. He was planning to return to College in December. In November 2015, the functional restoration program had been recommended. He had pain rated at 6/10. Tramadol was prescribed. There is reference to stoppage of disability payments based on a mistaken interpretation of the previous note, which had described the claimant as permanent and stationary. In terms of a functional restoration 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 presence of chronic disabling pain with loss of independent function is not documented. The injured worker had done well with recent physical therapy and had been able to discontinue prescription medications. Criteria also include that the patient is willing to forgo secondary gains, including disability payments, which appears to be an issue. A multidisciplinary program evaluation is not medically necessary.