

<b>Case Number:</b>	CM15-0033348		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 38 year old female, who sustained an industrial injury on 10/11/2010, after a fall from a chair. The diagnoses have included symptoms involving head and neck. Treatment to date has included surgical (L5-S1 fusion on 1/14/2014) and conservative measures. Currently (per consulting progress report dated 1/26/2015), the injured worker complains of back pain, with radiation down the bilateral lower extremities. She did not feel as though great progress was made with previous physical therapy. Weight gain of fifty pounds was noted since her spinal surgery one year prior, noting a current weight of 180 pounds, despite attempts with an exercise program and diet. Physical exam noted tenderness at the lumbosacral junction, mildly restricted range of motion, and no motor or sensory deficits. A computerized tomography was referenced, (progress report 1/26/2015), as showing no evidence of neurologic impingement L5. Electromyography/nerve conduction testing (9/19/2014) was referenced as showing no significant evidence of lumbar radiculopathy or nerve damage. Magnetic resonance imaging was referenced as showing no evidence of abnormal disc problems above the L5-S1 fusion. Her emotional condition was noted as showing increased frustration, depression, and anxiety, and poor coping skills. A 1 day multidisciplinary evaluation for candidacy for the functional restoration program was recommended. The PR2 report, dated 1/12/2015, noted that the injured worker denied stress, anxiety, or depression. Current medication regime was not noted. On 2/16/2015, Utilization Review non-certified a request for 1 day multidisciplinary evaluation (chronic pain syndrome-as an outpatient), noting the lack of compliance with ACOEM Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Day multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restorative guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral to a psychologist for a functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. In this case, the injured worker's working diagnoses are intractable low back pain status post fusion; and degenerative this disease at L5-S1. The date of injury is October 11, 2010. The earliest progress note in the medical record is September 13, 2014. The date of injury was approximately 4 years ago and the record contains only 108 pages available for review. Although a multidisciplinary evaluation may be clinically indicated, documentation is missing from the medical record to make an informed decision. The date of injury is October 2010. The criteria state if a patient is continuously disabled for work for more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this. The date of injury is four years prior and the injured worker had a fusion October 20, 2013. The outcome for necessity of use was not clearly identified by the requesting physician. There is no documentation regarding the injured worker's motivation to change the medication regimen. Additionally, there is no documentation that the injured worker is aware that successful treatment may change compensation and/or other secondary gains. Consequently, absent clinical documentation with inclusive dates of disability and absent documentation where the injured worker has a motivation to change his or her

medication regimen and compensation and other secondary gains may change with the successful treatment program, one-day multidisciplinary evaluation is not medically necessary.