

Case Number:	CM15-0036884		
Date Assigned:	03/05/2015	Date of Injury:	03/28/2013
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, 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 53-year-old male, who sustained an industrial injury on 3/28/2013. The diagnoses have included pain in joint, cervicgia, disorders of sacrum, sciatica, generalized anxiety disorder, depressive disorder and other. Treatment to date has included bilateral L3-4 trans-foraminal epidural steroid injection (1/09/2015). Currently, the IW complains of back pain rated as 3-4/10 on 1/20/2015. He reports severe low back pain that radiates into both legs, worse on the left than on the right. He has some residual pain in the left shoulder status-post surgical intervention (undated). Objective findings included tenderness to palpation over the cervical paraspinal muscles, and bilateral trapezii and upper thoracic and paraspinal muscles. There was tenderness to palpation over the lower lumbar paraspinal muscles. There was limitation in both lumbar flexion and extension that was limited to approximately 25% of normal. There was decreased sensation in the approximate bilateral L4 distribution. Straight leg raise test was positive bilaterally with reproduction of pain into both the anterior and posterior thighs. There was pain reproduced with movements of both shoulders. The patient sustained the injury when he struck his head on left side and fell on right shoulder. The patient's surgical history include bilateral shoulder surgery. The medication list include Cyclobenzaprine, Gabapentin, Tramadol, Motrin and Pantoprazole. The patient has had MRI of the bilateral shoulder that revealed rotator cuff tear. Patient has received an unspecified number of PT visits, acupuncture visits and 9/12 CBT for this injury. Per the doctor's note dated 2/16/2015 patient had complaints of low back pain, left shoulder pain and numbness in LE, neck pain and headache. The patient has had feeling of sadness, irritability, anxiety, sleep disturbance and frustration. Physical examination

revealed positive SLR, tenderness on palpation and limited range of motion of the lumbar region. The patient has had MRI of the low back on 2/21/14 that revealed spinal stenosis and EMG revealed lumbar radiculopathy on 6/6/14. The patient had received bilateral shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation At The [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009)Page 30-32 - Chronic pain programs (functional restoration programs).

Decision rationale: Request: Initial Evaluation at The [REDACTED] Functional Restoration Program. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, chronic pain programs (functional restoration programs) are, "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition, per the cited guidelines, "Criteria for the general use of multidisciplinary pain management programs 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; (6) Negative predictors of success above have been addressed." The patient has received an unspecified number of PT and chiropractic visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. The patient has increased duration of pre-referral disability time more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. In addition, per ODG, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain." The patient has had feelings of sadness, irritability, anxiety, sleep disturbance and frustration. He has a history of anxiety disorder and depressive

disorder. The medical necessity of the request Initial Evaluation at The [REDACTED]
Functional Restoration Program is not fully established for this patient.