

<b>Case Number:</b>	CM15-0047825		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on December 4, 2012. He has reported neck pain and lower back pain. Diagnoses have included lumbosacral spondylosis, disorder of the bursa of shoulder region, neck pain, chronic pain syndrome, and fibromyositis. Treatment to date has included medications, physical therapy, shoulder surgery, cognitive behavioral therapy, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of neck pain and lower back pain. The treating physician documented a plan of care that included an interdisciplinary pain management evaluation for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary Pain Management Evaluation for 1 day:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain programs Page(s): 23-24. Decision based on Non-MTUS Citation

ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with neck and low back pain. The request is for an Interdisciplinary Pain Management Evaluation for 1 day. The date of injury is 12/04/12 and there is no RFA provided. Diagnoses have included lumbosacral spondylosis, disorder of the bursa of shoulder region, neck pain, chronic pain syndrome, and fibromyositis. Per 02/10/15 report, physical examination to the lumbar spine revealed tenderness to palpation over paraspinal muscles overlying the facet joints on both sides. There is decreased range of motion with flexion at 85 degrees and extension limited to 35 degrees with pain. Straight leg raise test positive bilaterally. MRI of the lumbar spine completed on 08/19/14 revealed grade 2, L5 on S1 anterolisthesis with bilateral L5 spondylosis resulting in high grade bilateral foraminal stenosis. Treatment to date has included medications, physical therapy, shoulder surgery, cognitive behavioral therapy, and imaging studies. Current medications include Cephalexin, Gabapentin, Norco, LidoPro, Meloxicam, Omeprazole, Ondansetron, Ranitidine and Versabasea cream. The patient is working on modified duty. MTUS Pages 23 and 24 have the following to say regarding multidisciplinary pain programs: "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. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Per treater report dated 02/24/15 treater states, "I request for a multi-disciplinary evaluation with ■■■ to determine if he would be an ideal candidate for a functional restoration program." In this case, the request appears to be a pain consultation by ■■■ to determine if the patient is eligible for the functional restoration program. ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Given the patient's condition, the request for consult appears reasonable to determine if the patient is a candidate for the functional restoration program. Therefore, the request is medically necessary.