

<b>Case Number:</b>	CM14-0169879		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 36-year old female with a date of injury on 4/8/2014. Diagnoses include lumbar radiculopathy, fibromyalgia, myofascial pain syndrome, spondyloarthropathy, thoracic spine pain, and lower back pain. Subjective complaints are of low back pain with radiation to the legs. Pain is rated at 8/10. Physical exam shows decreased range of motion of the lumbar spine, and tenderness at T3-8 and L3-5. MRI of the lumbar and thoracic spine from 7/2/14 showed mild to moderate facet arthropathy, and mild degenerative disc disease. Patient has received a lumbar epidural injection and records indicate there is to be a series of three injections. Medications include ibuprofen and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Integrated chronic pain management program 2 x 6 group sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** CA MTUS identifies specific criteria for inclusion in a functional restoration program including; adequate and through prior investigation, failure of previous treatment

modalities, significant loss to function independently, not a surgical candidate, and patient exhibits motivation to change. For this patient, documentation did not identify significant loss to function independently, and failure of treatment modalities is not evident as the efficacy of recent epidural injections is not documented. Furthermore, documentation is not present of a functional restoration evaluation. Therefore, the integrated chronic pain management program 2 x 6 group sessions is not medically necessary.