

<b>Case Number:</b>	CM14-0170110		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Practice and is licensed to practice in California. 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:

This is a 38 years old male patient who sustained an injury on 8/7/13. The current diagnoses include lumbar disc herniation, lumbar radiculitis and long term use of other medications. He sustained the injury while working as a floor installer he lifted one end of a desk and strained his low back. Per the note dated 10/10/2014, he had back pain at 7-8/10. The physical examination revealed normal gait and posture. The current medications list includes nabumetone. He was authorized for lumbar epidural steroid injection. He has had a lumbar MRI dated 11/1/2013 with findings consistent with a large central disc protrusion at L5-S1, with no significant compression of the thecal sac or sacral nerve roots. He has had physical therapy, chiropractic and acupuncture visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Track 1:** XXXXXXXXXX **Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** 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....."Patient was authorized for lumbar epidural steroid injection for this injury. Outcome of this injection is not specified in the records provided. In addition per the doctor's note dated 10/10/14 and 10/3/14, physical examination revealed normal gait and posture. Detailed physical examination with evidence of a significant loss of ability to function independently resulting from the chronic pain is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided.The medical necessity of Track 1: [REDACTED] Program is not fully established for this patient.