

<b>Case Number:</b>	CM15-0006585		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35-year-old female who reported an injury on 06/15/2013. The mechanism of injury was a fall. Her diagnoses were noted to include low back pain, myalgia and myositis, and shoulder joint pain. Past treatments were noted to include home exercise; physical therapy; chiropractic therapy; arm sling; injection; and medications to include tramadol, Voltaren, NSAIDs, anticonvulsants, and opioids. On 11/12/2014, the injured worker underwent a behavioral medicine consultation and testing which indicated the injured worker had "a strong determination to try and keep on working." On 11/12/2014, it was indicated the injured worker had pain that she rated 9/10. It was indicated that she required no assistance for bathing, dressing, and grooming, but did need some assistance for home duties and childcare, which she received from family. Upon physical examination, it was indicated that the injured worker's cervical region was normal and she had decreased range of motion to her lumbar spine with tenderness in the quadratus lumborum and gluteal musculature. Her internal and external rotation, reflexes, and sensation were normal. Medications were noted to include tramadol. The treatment plan was noted to include a [REDACTED] interdisciplinary pain rehabilitation program as previous methods of treating her pain had been unsuccessful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] ( [REDACTED] ) Latino Program x 80 hours: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

**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 California MTUS Guidelines, the criteria for a multidisciplinary pain management program are adequate and thorough evaluation having been made including baseline functional testing; previous methods of treating chronic pain have been unsuccessful; the patient has a significant loss in ability to function independently; the patient is not a candidate for surgery; and the patient exhibits motivation to change. The clinical documentation submitted for review indicated the injured worker had a motivation to change and unsuccessful results from previous modalities. However, there was no adequate and thorough evaluation that was made and it was not indicated that the injured worker had a significant loss in an ability to functional independently. Consequently, the request is not supported by the evidence based guidelines. As such, the request for [REDACTED] ([REDACTED] [REDACTED]) Latino program x 80 hours is not medically necessary.