

<b>Case Number:</b>	CM15-0010355		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Arizona, 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 45-year-old male, who sustained an industrial injury on December 1, 2010. The injured worker has reported neck and back pain. The diagnoses have included a cervical myoligamentous injury with bilateral upper extremity radicular symptoms, lumbar post laminectomy syndrome with left radicular symptoms, status post lumbar laminectomy discectomy in 2011 and status post posterior lumbar interbody fusion in 2011. Treatment to date has included pain medication, a home exercise program, diagnostic testing, neurological testing, physiotherapy, trial of a spinal cord stimulator and injections to the lumbar and cervical spine. The injured worker has had multiple sessions of physical therapy without functional improvement. Current documentation dated December 17, 2014 notes that the injured worker remained symptomatic with complex chronic pain syndrome. Physical examination of the cervical spine revealed tenderness to palpation, spasms and a decreased range of motion. Cervical depression test was positive bilaterally. Lumbar spine examination revealed pain, decreased range of motion and a positive Kemp's test. On January 7, 2015 Utilization Review non-certified a request for a one day multidisciplinary evaluation for a functional restoration program. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 19, 2015, the injured worker submitted an application for IMR for review of a one day multidisciplinary 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:

**One day multidisciplinary evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 30-33.

**Decision rationale:** According to the guidelines, 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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant's history and desire to improve as well as failing other prior conservative measures, the request for the trial of 10 sessions at functional restoration program is medically necessary. The claimant had failed conservative treatment and continued to have pain. The request for a one time evaluation is medically necessary. In this case, the request is for a one time evaluation for a function restoration/multidisciplinary program. An evaluation is needed prior to enrollment.