

<b>Case Number:</b>	CM15-0015257		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/29/2006
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on 07/29/2006. Medical records provided did not indicate the injured worker's mechanism of injury. Diagnoses include status post cervical five through seven cervical fusion with chronic cervicalgia, advanced degeneration at cervical four to five disc with spinal stenosis, cervical radiculitis, multilevel lumbar degenerative spondylosis at lumbar three to four, lumbar four to five, and lumbar five to sacral one, lumbar facet arthropathy, lumbar radiculopathy, chronic recurrent pain syndrome, and chronic reactive clinical depression secondary to pain. Treatment to date has included medication regimen and above noted surgical procedure. In a progress note dated 12/23/2014 the treating provider reports chronic pain to the cervical and lumbar spine and rates the pain a six to seven on a scale of 0 to ten with medication. The treating physician requested outpatient chronic pain rehabilitation program noting that this program will improve her overall pain, her function, and decrease the dependency of the oral opioid medications. On 01/15/2015 Utilization Review non-certified the requested treatment of one outpatient chronic pain rehabilitation program to the cervical and lumbar (unspecified duration/frequency), noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, July 18, 2009, page 49.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient (1) chronic pain rehabilitation program to cervical and lumbar (unspecified duration/frequency): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

**Decision rationale:** With regard to chronic pain programs, MTUS CPMTG states "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." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). Review of the submitted documentation indicates that this request lacks specificity. It is not clear if this is a request for an evaluation for a multidisciplinary program, or a request for authorization for an FRP program with no preliminary evaluation haven taken place. As such, medical necessity cannot be affirmed.