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| <b>Case Number:</b>   | CM15-0017291 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 09/05/2013 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/29/2015 |

### 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: New Jersey

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 50 year old male who sustained an industrial injury on 9/5/13. The injured worker reported symptoms in the head, neck, shoulders and back. The diagnoses included degeneration of cervical disc, neck pain, low back pain and lumbar disc with radiculitis. Treatments to date include non-steroidal anti-inflammatory drugs. In a progress note dated 12/22/14 the treating provider reports the injured worker was with pain "located in the neck with radiation to the right arm and forearm weakness an all upper extremities with tingling/numbness...". On 1/2/15 Utilization Review non-certified the request for multidisciplinary evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that chronic pain programs (functional restoration programs) are recommended as long as they have a proven track record of 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. The criteria set by the MTUS for the use of a pain management program includes: 1. An adequate and thorough evaluation of the patient, including baseline functional testing, 2. Evidence of previous methods of treating chronic pain being unsuccessful, 3. The patient has a significant loss of ability to function independently, 4. The patient is not a candidate where surgery or other treatments would clearly be warranted (but if the 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, and 6. Negative predictors of success above have been reviewed (negative relationship with employer/supervisor, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, longer duration of disability, opioid use, high levels of pain). Summary reports that include goals, progress assessment, and stage of treatment must be made available upon request and at least on a bi-weekly basis during the course of treatment. Treatment should not be longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions, otherwise, for longer durations, clear rationale for extension and requires individualized care plans and proven outcomes. In the case of this worker, he had tried various medications including opioids with limited benefit, had tried physical therapy with minimal benefit, and had no interest in taking opioids or having surgery for his chronic pain but was interested in other treatment options. He reported doing home exercises. According to the notes available for review, there was sufficient evidence to suggest he had maximized his conservative treatments and rejected any others, so a multidisciplinary evaluation seems reasonable and medically necessary.