

<b>Case Number:</b>	CM15-0017961		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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

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 53 year old male, who sustained an industrial injury on 09/06/2001. He has reported low back pain. The diagnoses have included lumbar post laminectomy syndrome, lumbar degenerative disc disease, and chronic pain syndrome. Treatment to date has included medications, physical therapy, and surgical intervention. Currently, the IW complains of constant lower back pain that can radiate up his back to the left scapula at times; constant pain and numbness in the bilateral lower legs, from the knees down to the toes; and intermittent left shoulder pain. A progress note from the treating physician, dated 12/11/2014, reported objective findings to include slowed gait, diffuse tenderness bilaterally of the thoracic paraspinal muscles; diffuse myofascial tenderness of the lumbar paraspinal muscles; and tenderness at the L3 to S1 lumbar spinous processes. The treatment plan included the recommendation of a Multidisciplinary Pain Rehabilitation Program. On 01/13/2015 Utilization Review modified a prescription for 1 Multidisciplinary Pain Rehabilitation Program for 40 days, to 1 Multidisciplinary Pain Rehabilitation Program for 20 days as an outpatient. The CA MTUS ACOEM was cited. On 01/29/2015, the injured worker submitted an application for IMR for review of 1 Multidisciplinary Pain Rehabilitation Program for 40 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Multidisciplinary Pain Rehabilitation Program for 40 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

**Decision rationale:** Regarding the request for a pain rehabilitation program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, the patient has chronic pain despite extensive conservative treatment. Multidisciplinary evaluation has recommended participation in a pain rehabilitation program. A request for 40 days was modified to 20 days by the utilization reviewer. The guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request exceeds the duration recommended by guidelines for an initial trial and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested pain rehabilitation program is not medically necessary.