

<b>Case Number:</b>	CM15-0040407		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/28/2010
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 5/28/10. He subsequently reported low back and bilateral lower extremity pain. Diagnoses include spinal enthesopathy and degenerative disc disease. The injured worker underwent hip surgery. Diagnostic testing includes MRIs. Treatments to date have included physical therapy and prescription pain medications. The injured worker has complaints of increasing right hip pain. The treating physician made a request for a Comprehensive Multidiscipline Assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Multidiscipline Assessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration programs (FRPs) Page 49. Biopsychosocial model of chronic pain Page 25.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. 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; (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 have been addressed. Access to programs with proven successful outcomes is required. Operative report dated 2/25/14 documented the performance of left total hip arthroplasty. Operative report dated 1/8/15 documented the performance of right L4-5 and L5-S1 facet block via medial branch anesthesia of the L3 through L5 medial branch block. The primary treating physician's progress report dated 1/9/15 documented that the patient reported improvement from the lumbar medial branch block performed on 1/8/15. The patient reported that the pain went from 10/10 to 2-3/10. The treatment plan was to proceed with lumbosacral radiofrequency ablation. Meloxicam and Flexeril were started. Comprehensive multidisciplinary assessment was requested 2/10/15. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: Previous methods of treating chronic pain have been unsuccessful. There is an absence of other options likely to result in significant clinical improvement. The patient is not a candidate where surgery or other treatments. The primary treating physician's progress report dated 1/9/15 documented that medial branch block performed 1/8/15 was successful. The patient is a candidate for lumbosacral radiofrequency ablation. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: Previous methods of treating chronic pain have been unsuccessful. There is an absence of other options likely to result in significant clinical improvement. The patient is not a candidate where surgery or other treatments. The 1/9/15 progress report indicates that the patient does not satisfy the MTUS criteria for a functional restoration program. Therefore, the request for a comprehensive multidisciplinary assessment is not medically necessary.