

<b>Case Number:</b>	CM15-0046350		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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:

This 52 year old male sustained an industrial injury on 10/4/13. He subsequently reported low back and head pain. Diagnoses include postconcussive syndrome, cervical spine herniated nucleus pulposus and lumbar spine myofascial injury. Diagnostic testing has included EMGs and MRI. Treatments to date have included physical therapy and prescription pain medications. The injured worker continues to experience upper and lower back pain with radiation to the lower extremities. A request for Multidisciplinary pain management evaluation was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary pain management evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, p. 49, AND Chronic pain programs, p. 30-34.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that multidisciplinary pain management programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. They incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. Insufficient information was provided in the notes available for review regarding this request. There was insufficient description and summary provided as to the previously used therapies, functional baseline, and the psychosocial factors in order to ascertain if this worker would be a good candidate for a multi-disciplinary pain management program evaluation and attendance. Therefore, as this cannot be determined based on the notes provided, the request will be regarded as not medically necessary at this time.