

<b>Case Number:</b>	CM15-0071220		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Indiana, New York  
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:

The injured worker is a 50 year old male, who sustained an industrial injury on 9/8/2014. He reported pain from carrying concrete. The injured worker was diagnosed as having lumbosacral sprain/strain. Lumbar magnetic resonance imaging showed disc bulging and bilateral lower extremities electromyography (EMG) showed mild lumbar 5 radiculopathy. Treatment to date has included back support, heat/cold and medication management. In a progress note dated 2/16/2015, the injured worker complains of severe low back pain. The treating physician is requesting a one day multidisciplinary evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One day Multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program and Other Medical Treatment Guidelines [http://www.aetna.com/cpb/medical/data/200\\_299/0237.html](http://www.aetna.com/cpb/medical/data/200_299/0237.html).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines and the Aetna Clinical Policy Bulletin: Chronic Pain Programs, one-day multidisciplinary evaluation is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. There are negative predictors of successful which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pre-treatment levels of pain. The Aetna Clinical Policy Bulletin: Chronic Pain Programs considers entering into a Multidisciplinary chronic pain program of no benefit for members with any of the following contraindications: members exhibit aggressive and violent behavior; members exhibit imminently suicidal tendencies; member has previously failed an adequate multidisciplinary pain management program; member has unrealistic expectations of what can be accomplished; member is medically unstable; and member is unable to understand and carry out instructions. In this case, the injured worker sustained a low back injury on September 8, 2014. The injured worker underwent MRI evaluation of the lumbar spine, was treated with physical therapy, medications, and was totally disabled through May 22, 2015. The treating psychologist documented the injured worker has expressed wavering motivation towards physical Rehabilitation due to intermittent feelings of depression and hopelessness. There are negative predictors of success documented in the medical record by the treating psychologist. The injured worker is unable to provide for the financial needs of his family and his wife had to go to work for the first time to help support the family. In January 2015 the police were called to the injured worker's home alleging the injured worker was on the verge of physically attacking him. There is a pending court date the worker has been drinking alcohol on a heavier basis since the back injury. The injured worker was arrested in January 2015. The injured worker has been having difficulty controlling his emotions. He has reportedly been hitting and banging the walls. Based on the clinical information in the medical record and the negative predictors of success for a multidisciplinary pain program, a one day multidisciplinary evaluation is not medically necessary.