

<b>Case Number:</b>	CM15-0072116		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, California

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 53 year old woman sustained an industrial injury on 2/8/2014. The mechanism of injury is not detailed. Evaluations include lumbosacral MRI. Diagnoses include lumbago, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, and symptoms of depression. Treatment has included oral medications. Physician notes dated 3/9/2015 show complaints of low back, right leg, and right ankle pain rated 6/10. Per the doctor's note dated 3/6/15 patient had depressive symptoms and sexual dysfunction due to chronic pain. The patient has had low back pain with radiation in right leg with numbness and tingling at 6-8/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR and 4/5 strength. Recommendations include spinal injections and surgical intervention, however, the worker has refused these, other recommendations include multi-disciplinary evaluation, possible functional restoration program, right ankle MRI, chiropractic treatment, Diclofenac XR, Omeprazole, Neurontin, and activity modification. The patient had received 6 PT, 6 acupuncture and 6 Chiropractic visits for this injury. The patient has had MRI of the lumbar spine on 3/6/15 that revealed disc bulge with foraminal narrowing. The patient sustained the injury due to fall.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOE Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page 30-32 Chronic pain programs (functional restoration programs).

**Decision rationale:** According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "recommended where there is access to programs with proven 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, and meet the patient selection criteria outlined below." In addition per the cited guidelines, "Criteria for the general use of multidisciplinary pain management programs-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; (6) Negative predictors of success above have been addressed." Diagnoses include lumbago, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, and symptoms of depression. Physician notes dated 3/9/2015 show complaints of low back, right leg, and right ankle pain rated 6/10. Per the doctor's note dated 3/6/15 patient had depressive symptoms and sexual dysfunction due to chronic pain. The patient has had low back pain with radiation in right leg with numbness and tingling at 6-8/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR and 4/5 strength The patient had received 6 PT, 6 acupuncture and 6 Chiropractic visits for this injury. The patient has had MRI of the lumbar spine on 3/6/15 that revealed disc bulge with foraminal narrowing. The pt has chronic pain beyond the expected time for recovery. She is on multiple medications. An initial one time evaluation to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time. The request for Multidisciplinary evaluation is medically necessary and appropriate for this patient.