

<b>Case Number:</b>	CM15-0077323		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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:

The injured worker is a(n) 51-year-old male, who sustained an industrial injury on 6/6/13. He reported pain in his lower back related to a fall. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculitis, bilateral hip osteoarthritis and bilateral knee pain. Treatment to date has included a lumbar MRI and pain medications. As of the PR2 dated 3/20/15, the injured worker reports worsening pain in his neck and back. He rates his pain a constant 9/10. The treating physician noted a positive facet stress test, tenderness and spasms in the lumbar spine. The treating physician requested a multidisciplinary evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Multidisciplinary evaluation was requested 3/20/15. The date of injury was 6/6/13. The periodic report dated 1/23/15 documented that the physician noted lumbar facet arthropathy, and requested bilateral lumbar medial branch block at L3, L4, and L5 to address the lumbar facet arthropathy. The periodic report dated 3/20/15 documented that the patient was recommended to have the TFE transforaminal epidural steroid injection done. He is waiting for a surgical consult for his regarding his back. Functional restoration program to address both the physical and psychological aspect of the chronic pain was requested. He is having difficulty with coping skills and mood disorder. He has expressed frustration, anger, difficulty with coping with a situation on the home front. He will continue with his current medications Nortriptyline, Topamax, Ibuprofen, and Prilosec. MTUS FRP criteria requires that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Per MTUS criteria requires that negative predictors of success have been addressed. Negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs include poor work adjustment and satisfaction, a negative outlook about future employment, high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability), involvement in financial disability disputes. The periodic report dated 3/20/15 indicates that negative predictors of success have not been addressed. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: The patient is not a candidate where surgery or other treatments would clearly be warranted. There is an absence of other options likely to result in significant clinical improvement. The periodic reports dated 1/23/15 and 3/20/15 indicated that there are treatment options. Therefore, the patient does not satisfy the MTUS criteria for a functional restoration program. Therefore, the request for functional restoration program is not medically necessary. Therefore, the request for multidisciplinary evaluation is not medically necessary.