

<b>Case Number:</b>	CM15-0094418		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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:

The injured worker's date of birth was not indicated in the medical records. His reported date of injury was 08/09/2012. The diagnoses include chronic low back pain, lumbar degenerative disc disease, lumbar myofascial pain, lumbar strain, and depression. Treatments to date have included physical therapy evaluation, oral medications, brace/cast, home exercise program, polar frost gel, custom molded LSO, an MRI of the lumbar spine on 08/28/2012, and electrodiagnostic studies on 12/31/2013. The medical report dated 02/17/2015 indicates that the injured worker described the nature of his problem to include pain in his low back, neck, bilateral shoulders, bilateral knees, bilateral hands, left ankle, and left elbow. The current intensity of the pain was rated 7 out of 10. Some assistance was needed for dressing and grooming, bathing, and home duties. The physical examination showed a depressed mood, full range and mood congruent affect, significant myofascial spasm in the bilateral suboccipitals, bilateral cervical paraspinals, and bilateral rhomboids and trapezius, moderate to severe spasm in his thoracic paraspinals and severe myofascial spasm in his bilateral lumbar paraspinals including the bilateral quadratus lumborum with consistency of concrete, mildly decreased cervical lordosis, flattened lumbar lordosis, a non-antalgic gait, slightly decreased arm swinging, decreased trunk rotation, inability to walk on the heels due to loss of balance, inability to walk on the toes due to loss of balance, decreased cervical range of motion, decreased shoulder range of motion, normal range of motion of the elbow, slow and painful lumbar spine range of motion, and decreased hip range of motion. The treating physician requested eighty (80) hours of Health Education for Living with Pain (HELP) ██████████ program. It was noted that the injured worker

required more intensive and interdisciplinary treatment. The previous methods of treating the chronic pain had been unsuccessful. A significant loss of the ability to function independently resulting from the chronic pain had been noted. The patient sustained the injury due to pulling paint bucket. The medication list include Norco, Naproxen, Omeprazole, Glipizide, Lisinopril. The patient has had completed 10 days of CPP on 3/23/15 to 4/3/15. The patient's surgical history include left elbow fracture surgery. Patient has received an unspecified number of PT visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**80 hours of health education for living:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 31-32.

**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:** The injured worker's date of birth was not indicated in the medical records. His reported date of injury was 08/09/2012. The diagnoses include chronic low back pain, lumbar degenerative disc disease, lumbar myofascial pain, lumbar strain, and depression. Treatments to date have included physical therapy evaluation, oral medications, brace/cast, home exercise program, polar frost gel, custom molded LSO, an MRI of the lumbar spine on 08/28/2012, and electrodiagnostic studies on 12/31/2013. The medical report dated 02/17/2015 indicates that the injured worker described the nature of his problem to include pain in his low back, neck, bilateral shoulders, bilateral knees, bilateral hands, left ankle, and left elbow. The current intensity of the pain was rated 7 out of 10. Some assistance was needed for dressing and grooming, bathing, and home duties. The physical examination showed a depressed mood, full range and mood congruent affect, significant myofascial spasm in the bilateral suboccipitals, bilateral cervical paraspinals, and bilateral rhomboids and trapezius, moderate to severe spasm in his thoracic paraspinals and severe myofascial spasm in his bilateral lumbar paraspinals including the bilateral quadratus lumborum with consistency of concrete, mildly decreased cervical lordosis, flattened lumbar lordosis, a non-antalgic gait, slightly decreased arm swinging, decreased trunk rotation, inability to walk on the heels due to loss of balance, inability to walk on the toes due to loss of balance, decreased cervical range of motion, decreased shoulder range of motion, normal range of motion of the elbow, slow and painful lumbar spine range of motion, and decreased hip range of motion. The treating physician requested eighty (80) hours of Health Education for Living with Pain (HELP) [REDACTED] program. It was noted that the injured worker required more intensive and interdisciplinary treatment. The previous methods of treating the chronic pain had been unsuccessful. A significant loss of the ability to function independently resulting from the chronic pain had been noted. The patient sustained the injury due to pulling paint bucket. The medication list include Norco, Naproxen, Omeprazole, Glipizide, Lisinopril. The patient has had completed 10 days of CPP on 3/23/15 to 4/3/15. The patient's surgical history include left elbow fracture surgery. Patient has received an unspecified number of PT visits for this injury.