

<b>Case Number:</b>	CM13-0030215		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/21/1997
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year-old who reported an injury on 07/21/1997. The mechanism of injury was not provided. The clinical note dated 05/20/2014 noted the injured worker presented with neck and thoracic spine pain. Prior therapy included Cymbalta, Relafen, and tramadol. Upon examination the neck rotation was 60 degrees bilaterally and when his neck is rotated to the left, right-sided neck pain is experienced. Diagnoses were pain over the spine, arms, and legs associated with paresthesia; cervical spondylosis/disc degeneration with mild moderate spinal stenosis as C4-5 and moderate spinal stenosis at C5-6 with flattening of the ventral cord; chronic pain syndrome of the arms, legs, and spine; and Klinefelter syndrome. The provider recommended multidisciplinary evaluation for functional restoration program of the cervical, legs, arms per 08/27/2013 with a quantity of 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MULTIDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM, CERVICAL LEGS ARMS PER 8/27/2013. QTY:1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, OFFICE VISIT.

**Decision rationale:** The request for multidisciplinary evaluation for functional restoration program, cervical, legs, arms per 08/27/2013 is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. Therefore, the request is not medically necessary.