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| <b>Case Number:</b>   | CM13-0049348 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 12/17/2003 |
| <b>Decision Date:</b> | 04/25/2014   | <b>UR Denial Date:</b>       | 10/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 Family Medicine, is licensed to practice in Arizona. 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:

Patient is a 52 year old female with a date of injury on 12/17/2003. Patient has had ongoing symptoms related to her neck and back. Diagnoses are lumbar strain, radiculopathy, cervical strain, left shoulder repair, lumbar facet syndrome, and adhesive capsulitis. Subjective complaints are of increased pain in low back and left leg, pain in neck, and left shoulder. Physical exam shows a tearful patient with difficulty focusing, uneven gait, tenderness paraspinal and trapezius muscles in neck, lumbar paraspinal muscle spasm, and decreased range of motion. There was decreased sensation at the left great toe. Treatments have included periodic epidural injections, medications, and topical patches, and physical therapy. Documentation states that patient had previous multidisciplinary pain program at [REDACTED]. Patient is also undergoing psychological care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A ONE DAY MULTIDISCIPLINARY EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 31-34.

**Decision rationale:** CA Chronic Pain Treatment Guidelines recommend multidisciplinary evaluation for patients who have had an adequate/thorough evaluation, previous methods of pain treatment have failed, patient has significant loss of ability to function independently due to chronic pain, patient is not a surgical candidate, and patient exhibits motivation to change. It is recommended where there is access to programs with proven success, and for patients with conditions that put them at risk for delayed recovery. This patient meets criteria for a multidisciplinary evaluation due to having adequate evaluation, previous medications and treatments without benefit, is not a surgical candidate, and is documented as motivated. Therefore, the request for a multidisciplinary evaluation is medically necessary.