

<b>Case Number:</b>	CM13-0062358		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated July 8, 2013, the claims administrator apparently denied a request for a complex interdisciplinary evaluation. The applicant's attorney subsequently appealed. In a June 24, 2013 progress note, the applicant was described as permanent and stationary. It was stated that the applicant was in need of further help and assistance in regaining her life back from a vocational and a quality of life standpoint. It was stated that the applicant was therefore a candidate for an interdisciplinary rehabilitation program. A comprehensive interdisciplinary program was therefore sought. In a medical-legal evaluation of June 4, 2013, it was stated that the applicant had been laid off of by her former employer. It was acknowledged that the applicant had received a variety of medical treatments, including physical therapy, acupuncture, and epidural steroid injection therapy. The remainder of the file was surveyed. There was no evidence that the applicant had had any mental health or psychological treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPREHENSIVE INTERDISCIPLINARY EVALUTATION:** 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 Topic Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain program is that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options to likely result in significant clinical improvement. In this case, however, it does not appear that all other forms of treatment have been exhausted and/or failed. Based on a survey of the file and based on commentary made by the attending provider in a note dated June 24, 2014, it did not appear that the applicant achieved any psychological counseling or psychological rehabilitation, despite the fact that the attending provider posited on June 24, 2013 that the applicant did have some superimposed mental health issues. Therefore, the proposed comprehensive interdisciplinary evaluation as precursor to enrollment in a functional restoration program is not medically necessary.