

<b>Case Number:</b>	CM13-0067251		
<b>Date Assigned:</b>	02/25/2014	<b>Date of Injury:</b>	05/18/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old male was reportedly injured on May 18, 2007. The mechanism of injury was noted as a crush event involving the bilateral ankles. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of low back and left lower extremity pains. The physical examination demonstrated a 5'7, 265-pound, borderline hypertensive (130/72) individual who was noted to have major depression and degenerative disc disease. Diagnostic imaging studies objectified were not presented for review. Previous treatment included multiple medications, ankle orthosis, injections and pain management techniques. A request had been made for a functional restoration program evaluation and was not certified in the pre-authorization process on December 12, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 HELP INTERDISCIPLINARY 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 Page(s): 30-34.

**Decision rationale:** When noting the standards for such a multidisciplinary pain program and the response to treatment, the progress notes were not clear that such a protocol was necessary to address the pain. The notes indicated consumption has been appropriate and pain relief has been established. Based on the most current data presented, there was no clear clinical indication that such a protocol be necessary. As such, the request is not medically necessary.