

<b>Case Number:</b>	CM14-0007547		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 54-year-old male who reported an injury on 05/15/2012. The mechanism of injury involved a motor vehicle accident. His diagnoses include cervical spondylosis without myelopathy, spondylosis lumbosacral, spinal stenosis carpal tunnel syndrome, lesion of the ulnar nerve, osteoarthritis with diffuse pain in the joints of both hands, sciatica. A surgical history includes a septorhinoplasty, salivary gland removal, and lipoma excision. Current medications include Seroque1200 mg and gabapentin. Diagnostic studies include an MRI of the lumbar spine dated 08/13/2012. Other therapies include physical therapy, chiropractic care, and massage therapy. There is a request for one initial interdisciplinary evaluation. Per utilization review treatment appeal 1/14/14 on prior physical exam the patient ambulates into the office without difficulty. General inspection shows a normal cervical lordosis and lumbar lordosis. There is some limited cervical range of motion with spasm and guarding at the base of the cervical spine extending to the bilateral cervicobrachial regions. Examination of the bilateral shoulders shows abduction and flexion bilaterally limited to around 140, extension is full at 50 degrees, He is able to externally rotate bilaterally to 90 degrees and internally rotate to around 70 degrees. Adduction is full at 50 degrees. Extension is full at 5 degrees. Reflexes are 2+ and equal at the biceps, triceps, and brachioradialis. Tinel's sign is positive over both the cubital and carpal tunnels. There are no focal motor deficits in regard to arm abduction, forearm flexion-extension, wrist extension, thumb opposition, or finger abduction. There is no evidence of atrophy in the thenar or hypothenar locations. Sensation is decreased around the volar aspect of all five digits, examination of bilateral hands shows diffuse arthritic changes with joint swelling in the PIP and DIP joints of both hands as well as IP joint of the thumb. There is mild tenderness to palpation of all of these joints on loading of the CMC joint and IP joint And MP joint of the thumbs

bilaterally. Examination of the lumbar spine does show spasm and guarding at the base of the lumbar spine. Flexion is full and Extension is limited around 30 degrees. Straight leg raise causes mild radiation of pain to the right buttock. Reflexes are 1+ at patella and Achilles. No focal motor deficits in regard to thigh flexion, leg flexion-extension, ankle dorsi- and plantar flexion or EHL function. Examination of both knees shows no swelling, erythema or effusions. Both knees are stable to loading with varus and valgus angulations, although this does provoke pain, Anterior and posterior drawer signs are normal. There is normal patellar tracking bilaterally. There is no evidence of atrophy in the bilateral lower extremities. The provider is requesting to reconsider the interdisciplinary evaluation due to the nature of the patient's physical problems, psychological impact, and functional decline since his injury.

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

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

**ONE INITIAL INTERDISCIPLINARY EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs P.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for the general use of Multidisciplinary Pa.

**Decision rationale:** One interdisciplinary evaluation is medically necessary per the MTUS Chronic Pain Treatment Guidelines. The documentation indicates that the patient has chronic pain, functional decline, has suffered psychological impact from his injury and other methods of managing his chronic pain have not been successful. An interdisciplinary evaluation is not a guarantee into a chronic pain interdisciplinary program but rather an assessment of whether the patient would be an appropriate candidate for a functional restoration program. The request for one interdisciplinary evaluation is medically necessary.