

<b>Case Number:</b>	CM14-0021882		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/09/2005
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Family Practice 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 injured worker is a 51 year old female whose date of injury is 08/09/2005. The mechanism of injury is described as lifting towels and bed sheets. She is status post lumbar fusion at L4-5 and L5-S1. The injured worker underwent spinal cord stimulator trial on 08/26/13 with minimal relief. Note dated 09/30/13 indicates that she has exhausted treatment options and is felt to be an appropriate candidate for a functional restoration program. She continues to require high-dose narcotics and continues to exhibit psychological dysfunction. Psychological assessment dated 10/03/13 indicates that BDI is 37. Follow up note dated 10/22/13 indicates that diagnoses are gastritis and constipation, hepatosplenomegaly, and orthopedic diagnoses. Psychological evaluation re-evaluation dated 11/26/13 indicates that treatment to date includes physical therapy, two back surgeries in September 2011, medication management, and cortisone injections. She has not worked since September 2005. Diagnoses are major depression and anxiety disorder. Progress report dated 01/20/14 indicates that she was hospitalized for bacterial meningitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### ONE DAY MULTIDISCIPLINARY EVALUATION WITH [REDACTED]

[REDACTED]: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for the general use of Multidisciplinary Pain Management Programs Page(s): 30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** Based on the clinical information provided, the request for one day multidisciplinary evaluation with [REDACTED] is not recommended as medically necessary. The submitted records indicate the injured worker has been recommended for this evaluation to assess her suitability for a functional restoration program. The submitted records indicate that the injured worker has not worked since September 2005. CA MTUS guidelines do not generally support functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. There is no current, detailed physical examination submitted for review. The injured worker's current medication regimen is not provided.