

<b>Case Number:</b>	CM14-0023640		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Anesthesiology 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 50 year old female who sustained injuries to the left groin and left arm on 12/23/11 while attempting to pull a heavy food rack. The injured worker continued to complain of left groin pain that was reported to be a burning sensation as well as continued stiffness in the left lower extremity with a sense of numbness. The injured worker rated the pain as 6-8/10 on the visual analog scale. Physical examination noted mild range of motion deficits with left hip internal rotation at 30 degrees, otherwise normal range of motion in the bilateral hips. It was noted that by medical records, the injured worker had a history of preexisting issues including abdominal, pelvic, neck, and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MULTIDISCIPLINARY FUNCTIONAL RESTORATION PAIN EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Behavioral interventions Page(s): 23.

**Decision rationale:** The request for multidisciplinary functional restoration pain evaluation is not medically necessary. Previous request was denied on the basis that there were no recent and

updated medical records from the treating physician identifying the current clinical status (including subjective/objective findings, diagnosis, treatment to date, etc.) and addressing the medical necessity of the requested functional restoration program evaluation have been made available for review. It was reported that the injured worker had undergone a regimen of physical therapy; however, there were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for multidisciplinary functional restoration pain evaluation has not been established.