

<b>Case Number:</b>	CM14-0073324		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 has a subspecialty in Pain 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 injured worker is a 50 year old male who sustained injury to his low back on 09/12/12. Records indicated that this ultimately resulted in right L5 to S1 microdiscectomy on 07/29/13. Postoperatively, the injured worker underwent rehabilitation. However, he continued to have substantive low back pain and was incapable of returning to his former employment. The injured worker later underwent psychiatric evaluation, in which it was noted he had Beck depression inventory of twenty six, which was moderate to severe. The record further contained recommendations for a functional capacity evaluation, which was not performed. There was further recommendation for work hardening program or possibly functional restoration program. Utilization review determination dated 04/30/14 a request for a new office outpatient visit, which was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office/outpatient visit, new:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs) Page(s): 49.

**Decision rationale:** The available clinical record indicates that the injured worker is status post right L5 to S1 discectomy with continued postoperative pain. The injured worker underwent course of postoperative therapy, but continued to have deficits that prevent him from returning to his occupation. He was further noted to have Beck depression inventory of twenty six, which is moderately to severe, which does not appear to have been treated aggressively. The record has recommended that the injured worker participate in either a work hardening program, or functional restoration program. However, a baseline functional capacity evaluation has not been performed, and therefore the medical necessity for an outpatient visit regarding either one of these treatment modalities is not supported as medically necessary.