

<b>Case Number:</b>	CM14-0088432		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Occupational 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:

According to the records made available for review, this is a 56-year-old female with a 10/29/08 date of injury. At the time (5/30/14) of request for authorization for multidisciplinary evaluation, there is documentation of subjective (bilateral low back pain, pain radiation to both lower extremities, pain rated 7/10, numbness and tingling in the bilateral lower extremities; feels depressed and anxious) and objective (antalgic gait and forward flexed body posture) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome), and treatment to date (physical therapy, chiropractic, activity modification, exercises, and medications). 5/13/14 medical report identifies that the patient is not currently a surgical candidate. In addition, 5/13/14 medical report identifies that there has been no response to the request for pain psychology. There is no documentation that there is an absence of other options likely to result in significant clinical improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chapter unclear.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; and that the patient is not a candidate where surgery. However, there is no documentation that there is an absence of other options likely to result in significant clinical improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for multidisciplinary evaluation is not medically necessary.