

<b>Case Number:</b>	CM14-0195183		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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:

This injured worker's date of injury is 03/24/2014. This patient receives treatment for chronic low back and left wrist pain. The initial injury occurred when the patient was struck with a piece of concrete injuring his thigh, L hand, wrist, and forearm. The patient received physical therapy. The physical exam does not show any evidence of compressive neuropathy. MRI of the right hip showed no fractures and an MRI of the left wrist showed no fractures or tears. Medications used include: Norco, Vicodin, ibuprofen, and Flexiril.

### 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 ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 6-8.

**Decision rationale:** The patient receives treatment for chronic low back pain and left wrist pain. Admission into a multidisciplinary plan requires evidence that all reasonable methods of relieving pain have been tried and failed. Certain classes of medications have not been tried including antidepressants and anti-convulsants. Acupuncture has not been tried. There is not

adequate documentation of loss of the ability to function independently. A multidiscipline evaluation is not medically indicated.