

<b>Case Number:</b>	CM15-0101897		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/13/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 42-year-old male who sustained an industrial injury on 07/13/2014. Diagnoses include healed non-displaced radial head fracture, persistent bilateral shoulder and arm pain, cervicogenic pain, headaches; mild spondylosis and mid and low back pain of undetermined etiology. An MRI of the cervical spine on 12/26/14 noted mild diffuse C4-C5 disc bulge with a tiny 2mm left foraminal disc protrusion causing mild to moderate left neuroforaminal narrowing and mild spinal canal narrowing. X-rays of the cervical spine were normal; x-ray of the right hand noted flexion of the fifth DIP joint possibly due to strain or extensor tendon injury; x-ray of the right elbow showed the fracture extending to the articular surface. Treatment to date has included medications, activity modification and one session of physical therapy. According to the notes dated 4/28/15 the IW reported neck pain radiating up and over the scalp and bilateral shoulder and arm pain. He also had pain in the mid and lower back. He rated his average pain 8/10. He stated the pain was aggravated by sitting, standing, walking, bending and exercising; pain was alleviated by medication and lying down. On examination cervical flexion was 60 degrees, extension was 20 degrees and bilateral rotation was 60 degrees/60 degrees with lateral bending 15 degrees bilaterally. Tenderness was present at C3-4 through C5-6. The shoulder joints were non-tender with full range of motion. There was tenderness over the bilateral trapezius and rhomboids and the posterior aspect of the right elbow. The midline of the spine at T10 through L5-S1 and the paralumbar muscles at L5-S1 were tender to palpation. Reflexes and sensation were normal. A request was made for a multidisciplinary evaluation to evaluate the IW for functional restoration, as he is not a candidate for injections or surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** The patient's date of injury is from 07/13/2014. He presents with chronic neck, upper, mid and low back and leg pain. The physician is requesting Multidisciplinary Evaluation. The RFA dated 05/13/2015 shows a request for multidisciplinary evaluation. The patient is currently on modified duty. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including; (1) Adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) Significant loss of ability to function independently resulting from the chronic pain. (4) Not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. The treating physician is requesting an initial evaluation to see if the patient is a candidate for the functional restoration program. The patient is not a candidate for surgery or injections due to untreated blood pressure. In this case, the physician is requesting an initial evaluation which is recommended and necessary prior to considering participation in a FRP. The patient is not considering surgery at this time and has tried most conservative treatments including physical therapy and medications without much benefit. The requested evaluation is medically necessary.