

<b>Case Number:</b>	CM15-0031767		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Pain Management

### 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 37 year old female, who sustained an industrial injury on June 11, 2014. She has reported injury to multiple body parts. The diagnoses have included cervicgia. Treatment to date has included chiropractic treatment, medications, radiological imaging, laboratory evaluations, and cognitive behavioral treatment. Currently, the IW complains of pain of the back, right leg, both shoulder and arms. She rates her pain as 6/10. She reports pain with flexion at the waist. Physical findings reveal negative cervical compression test, tenderness of the thoracolumbar spine area, no weakness, and no sensory changes. On January 30, 2015, Utilization Review non-certified one multi-disciplinary evaluation to include medical and psychological evaluation, with a functional assessment. The MTUS guidelines were cited. On February 16, 2015, the injured worker submitted an application for IMR for review of one multi-disciplinary evaluation to include medical and psychological evaluation, with a functional assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 multidisciplinary evaluation to include medical and psychological evaluation, with a functional assessment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a multidisciplinary evaluation to include medical and psychological evaluation with a functional assessment, California MTUS supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested multidisciplinary evaluation to include medical and psychological evaluation with a functional assessment is not medically necessary.