

<b>Case Number:</b>	CM15-0037789		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 28, 2012. In a utilization review report dated February 3, 2015, the claims administrator partially approved/conditionally approved a request for a multidisciplinary evaluation as a one-time evaluation by a pain management physician alone. The claims administrator referenced an RFA form received on February 10, 2015 in its determination. The claims administrator suggested that the request in question represented a request for a multidisciplinary evaluation as a precursor to a functional restoration program. The applicant's attorney subsequently appealed. In an RFA form dated February 10, 2015, a multidisciplinary evaluation to include a physical therapy evaluation, a pain psychology evaluation, and a pain physician evaluation was proposed. The applicant reported complaints of low back and neck pain. An applicant questionnaire was attached to the RFA form. On January 22, 2015, the applicant reported ongoing complaints of low back pain, neck pain, headaches, and depression. The applicant had recently started Lexapro for depressive symptoms. The applicant's depression was moderately severe. The applicant was not a candidate for lumbar spine surgery, it was incidentally noted. The attending provider suggested that the applicant return in one to two weeks to determine whether or not ongoing use of Lexapro was or was not effective. Work restrictions were endorsed. The applicant was not, however, working following the imposition of a rather proscriptive 15-pound lifting limitation, the treating provider acknowledged. The attending provider acknowledged that the applicant had not had much treatment for her depressive symptoms to date.

## 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 Functional restoration programs Page(s): 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

**Decision rationale:** No, the request for a multidisciplinary evaluation, seemingly as a precursor to pursuit of a functional restoration program was not medically necessary or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve. In this case, however, there was no mention of the applicant's willingness to make the effort to try and improve. There was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that another cardinal criteria for pursuit of a functional restoration program and, by implication, the precursor multidisciplinary evaluation at issue, is evidence that previous methods of treating chronic pain have proven unsuccessful if there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider himself acknowledged that the applicant had not had much in the way of treatment for mental health issues, namely, depression. The applicant had only recently begun usage of Lexapro, an SSRI antidepressant, on or around the date of the request for a multidisciplinary evaluation. Thus, there were other treatments, namely, psychotropic medications, which could have generated significant improvement, which had not been attempted prior to the request for the multidisciplinary evaluation as a precursor to pursuit of a functional restoration program/chronic pain program. Therefore, the request was not medically necessary.