

<b>Case Number:</b>	CM15-0043454		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Emergency 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 injured worker is a 61 year old male, who sustained an industrial injury on 3/8/11. He reported a neck injury. The injured worker was diagnosed as having C3-4 through C6-7 degenerative disc disease with intervertebral disc herniation and instability, cervical myelopathy, cervical radiculopathy, cervical instability, stress, anxiety, depression, gastritis and sleep deprivation. Treatment to date has included physical therapy, opiate medication and home exercise program. (MRI) magnetic resonance imaging of cervical spine was performed on 5/6/11 and (EMG) Electromyogram and (NCV) Nerve Condition Velocity studies were performed on 4/20/11. Currently, the injured worker complains of severe sharp, stabbing neck pain with radiation to forehead causing headaches and radiation to right upper extremity with numbness and tingling with significant weakness. The progress note states the condition of the injured worker is worsening despite physical therapy and oral medications with continuing increases in opiate doses. The treatment plan is for a one day multidisciplinary evaluation to consider OC pain and Wellness for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation, one day:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs(functional restoration programs) Page(s): 30-32.

**Decision rationale:** Prior UR modified approval of billing codes used in this request. This Independent Medical Review will only evaluate the medical necessity of this request. It does not take sides or dispute the change in billing or coding which is what the UR, provider, insurance company etc. will need to determine without my input. As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. Documentation notes failure of basic pain management and chronic pain issues. Patient meets criteria for an initial evaluation for functional restoration program.