

<b>Case Number:</b>	CM15-0060603		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: 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 injured worker is a 42 year old male who sustained an industrial injury on 07/11/13. Initial complaints and diagnoses are not available. Treatments to date include injections and medications. Diagnostic studies include MRIs of the lumbar and cervical spine, as well as the brain and left shoulder, an EEG, and multiple nerve conduction studies. Current complaints include chronic neck, back, and bilateral shoulder pain. In a progress note dated 02/24/15 the treating provider reports the plan of care as a [REDACTED] multidisciplinary evaluation, consultations regarding his shoulder pain and cervical and lumbar radiculopathies, and continued medication including Norco, baclofen, and Amitriptyline. The requested treatment is a [REDACTED] multidisciplinary evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Also noted in the most recent medical record is a request for two consults and the possibility of surgery. [REDACTED] multidisciplinary evaluation is not medically necessary.