

<b>Case Number:</b>	CM14-0109925		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old female who reported an injury on 01/28/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar disc protrusion, lumbar radiculitis, lumbar sprain/strain, left knee internal derangement, left knee sprain/strain, left and right knee internal derangement, left and right knee sprain/strain, sleep disturbances. The previous treatments included chiropractic care, medication, psychiatric support, and surgery. The diagnostic testing included an MRI of the right knee. Within the clinical note dated 06/03/2014, it was reported the injured worker complained of constant moderate to severe pain in her lumbar spine. The injured worker described the pain as deep pain and aggravated by movement. The injured worker complained of constant moderate to severe pain in both knees. On the physical examination the provider noted the range of motion of the lumbar spine was flexion at 55 degrees and extension at 20 degrees. The injured worker had a positive Kemp's test and straight leg raise bilaterally. Previous treatments also include shock wave therapy. The request submitted is for expanded focus assessments. However, a rationale is not submitted for clinical review. The request for authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Expanded Focus assessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Pages 89-92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The request for an expanded focus assessment is not medically necessary. The California MTUS/ACOEM Guidelines note referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above with treating a particular cause of delayed recovery such as substance abuse or has difficulty obtaining information or agreement to a patient plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return to work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and the insurance is necessary to design an action plan to address multiple issues which may include arranging for an external case manager. The physician can function in this role, but may require some discussion to ensure compensation for assuming this added responsibility. There is lack of clinical documentation warranting the medical necessity of the request. There is lack of documentation indicating the injured worker has failed on conservative treatment that would require specialty consultation referral. Therefore, the request is not medically necessary.