

<b>Case Number:</b>	CM14-0124414		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & 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 patient is a 50-year-old male who has submitted a claim for thoracolumbar neuritis/radiculitis and lumbago associated with an industrial injury date of 06/12/2013. Medical records from 03/12/2014 to 07/22/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down bilateral lower extremities with associated weakness. Physical examination revealed non-antalgic gait and decreased lumbar ROM. MRI of the lumbar spine dated 07/03/2013 revealed diffuse straightening of the lumbar lordotic curvature and L4-5 mild left lateral disc bulging with mild left-sided foraminal narrowing. Of note, patient was employed as a bus driver (07/22/2014) full time (03/28/2014). Treatment to date has included pain medications. Utilization review dated 07/31/2014 denied the request for multidisciplinary evaluation because the patient has successfully returned to work.

### 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 ACOEM Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

**Decision rationale:** As stated on pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Functional Restoration Program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient complained of low back pain radiating down both legs. There was no documentation of baseline functional testing, significant loss of ability to function independently, and treatment failure to support multidisciplinary evaluation. Furthermore, the patient was already employed as a full-time (03/28/2014) bus driver (07/22/2014). The criteria for multidisciplinary evaluation have not been met. There is no clear indication for multidisciplinary evaluation based on the available medical records. Therefore, the request for Multidisciplinary Evaluation is not medically necessary.