

<b>Case Number:</b>	CM14-0132763		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Nevada. 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 records presented for review indicate that this 59 year-old female was reportedly injured on 4/12/2012. The mechanism of injury is noted as low back injury while lifting a 50 lb. mirror. The most recent progress note, dated 6/23/2014, indicates that there were ongoing complaints of right hip and low back pain. Physical examination demonstrated tenderness over lumbar paraspinal muscles consistent with spasms; lumbar spine range of motion: flexion 50, extension 10, right/left side bending 20, and limited rotation; normal bulk/tone in all major muscle groups of the upper/lower extremities without atrophy; sensation grossly intact to light touch and pinprick throughout the upper extremities, sensation diminished in the L5/S1 dermatomes of the lower extremities; deep tendon reflexes 1+/4 in the lower extremities. An MRI of the lumbar spine was positive for lateral extrusion of L4/5. Diagnosis: lumbar radiculopathy. Previous treatment includes chiropractic treatment, acupuncture, home exercise program, TENS, and medications. A request had been made for one-time multidisciplinary evaluation, which was not certified in the utilization review on 8/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Time Multidisciplinary Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

**Decision rationale:** A multidisciplinary evaluation (also known as a functional restoration program) combines multiple treatments to include psychological care, physical therapy, and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per MTUS guidelines. The claimant does not meet required criteria as there is no functional loss or neurological deficits documented examination, or recommendation for surgical consultation and/or epidural steroid injections. Given the lack of clinical data, this request is not medically necessary.