

<b>Case Number:</b>	CM14-0165756		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34-year-old male who reported an injury on 02/09/2012 due to an unspecified mechanism of injury. On 09/09/2014, he presented for a followup evaluation. He continued to complain of pain in the lower back with radiation into the legs, but stated that the pain was stable. He rated the pain at a 5/10, with a 3/10 being its best and an 8/10 being its worst. A physical examination showed that he had a nonantalgic gait. Range of motion with forward flexion was to 60 degrees and extension was to 15 degrees, with rotation and side bending being full. There was normal alignment with mild loss of lumbar lordosis and mild tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There were positive lumbar facet loading maneuvers bilaterally, and there was a negative straight leg raise test bilaterally in the seated position. Motor examination was 5/5, there was diminished sensation in the left L4 and right S1 dermatomes of the lower extremities, and deep tendon reflexes were 1/4 in the bilateral upper and 0/4 in the bilateral lower extremities. He was diagnosed with displacement of the lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and lumbago. It was recommended that he undergo a multidisciplinary evaluation to further evaluate his functional deficits and determine whether he was an appropriate candidate for participation in a functional restoration program. The treatment plan was for a multidisciplinary evaluation. The Request for Authorization form was signed on 09/09/2014.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** According to the Official Disability Guidelines, a need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, and clinical stability. Based on the clinical documentation submitted for review, it was stated that the multidisciplinary evaluation was being requested to determine if the injured worker was a candidate for a functional restoration program. However, there is a lack of documentation showing that the injured worker has any of the qualifications for a functional restoration program. There is a lack of documentation showing that he has any significant functional or psychological deficits that would support the requested intervention. In addition, there is a lack of documentation showing that the injured worker has tried and failed all appropriate treatment modalities or that he has had a consultation with a surgeon showing that he is not an appropriate candidate for surgery. Without documentation showing that he is a candidate for a multidisciplinary pain management program, the request for a multidisciplinary evaluation would not be supported. Therefore, the request is not medically necessary.