

Case Number:	CM13-0051303		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2012
Decision Date:	11/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine 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 53 year old female who was injured on September 27, 2012 when she fell on her back. Prior treatment history included Celebrex, Carisoprodol, Flexeril, APAP/Hydrocodone, Soma, Chiropractic, Acupuncture and Physical Therapy sessions. MRI of the Thoracic Spine dated February 2, 2013 revealed the patient to have central protrusion at the level of T5-6 & right paracentral protrusion at the level of T7-8. MRI of the Cervical Spine dated February 2, 2013 showed the patient to have degenerative changes of the cervical spine, posterior protrusion and left uncovertebral hypertrophy at the level of C6-7 resulting in mild spinal canal stenosis & mild left neural foraminal narrowing, right paracentral protrusion at the level of C5-6 & C7-T1. Progress report dated September 2, 2013 documented that the patient to have upper back pain. On exam, there was mild tenderness over the thoracic spine. The patient was diagnosed with acute thoracic spine sprain. The patient was prescribed pain medications & was recommended some work modifications. Integrative summary report dated August 30, 2013 documented the patient to have diagnoses of cervical & thoracic sprain/strain, DDD from C6-T1, T5-6 and T7-8. It is recommended that the patient continues outpatient [REDACTED] program and reports will be made documenting the patient's functional improvement and will be provided in support of continued [REDACTED]. It is also recommended that the patient receives a Physioball and Thera Cane to help the patient in a home exercise program. Prior Utilization Review dated September 16, 2013 denied the request for an outpatient [REDACTED] program for 2 weeks due to lack of evidence to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

An Outpatient [REDACTED] Program (2 Weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-32.

Decision rationale: The guidelines recommend functional restoration programs/multidisciplinary evaluation for patients suffering from chronic pain. The programs are designed for patients with chronic musculoskeletal pain and focus on improved function rather than elimination of pain. The patient has been attending the [REDACTED] program. However, there was an inadequate discussion of the patient's benefits and specifics of the program. It is unclear how long the patient has been attending the program. Most of the clinical documents were from more than 6 months ago and it is unclear what the patient's most recent response to the program has been. The patient's current overall condition is inadequately discussed in the documents provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.