

Case Number:	CM13-0065887		
Date Assigned:	01/03/2014	Date of Injury:	11/11/2010
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 33-year-old female who was injured on 11/11/2010 while she tripped and fell into supervisor hurting compensable neck/lower back. She was out of work for one week following the injury and then returned to work, but was suspended pertaining to a complaint that was made. She states that she was using narcotic medications for treatment of back pain around that time. She described the termination of her work as related to both her back pain problems and the conflicts with the manager. Overall, she feels that she has lost motivation since she was fired from her job. Prior treatment history has included R/S1J injection, patient discharged from physical therapy (PT) due to lack of benefits, multiple medications, epidural steroid injection (ESI), medial branch block (MBB) injections approved, right shoulder injection, approved for TENS (transcutaneous electrical nerve stimulation) and medications as well as 6 psych sessions. Psychiatric treatments were started when steroid triggered mania. Diagnostic studies reviewed include MRI (magnetic resonance imaging) of thoracic spine dated 04/21/2013 with no evidence of fracture. Normal thoracic vertebral body and cord signal present. MRI of the lumbar spine dated 04/21/2011 revealing degenerative change. No evidence of fracture. MRI right shoulder dated 03/19/2013 revealed no acute right shoulder abnormality identified, with minimal degenerative changes at the acromioclavicular joint. Psychological Consultation for Pain Management and Treatment Requested note dated 10/29/2013 mentioned progress report 07/16/2013 in which the report recommends functional restoration evaluation and continuance of walking and █████ in addition to PT. Progress report (PR-2) dated 12/02/2013 documented the patient with complaints of increased left sided pain into hip, thigh and groin, loss of motion and pain with light lifting or driving over 15 minutes. Objective findings on exam revealed increased leg pain with straight leg raise at 20 degrees, 45 right, positive Kemps L/R and decreased range of motion of the lumbar spine. PR-2 Modified report dated 12/18/2013 documented the patient

with complaints of back pain radiating from low back down right leg. Pain level is decreased since last visit. The patient rates her pain as 2/10. Quality of sleep is normal. Her activity level has increased. She is taking medications as prescribed. The patient reports left S1 joint pain worse since 11/20/2013. She is scheduled for left MBB on 12/27/2013. The results of a urine toxicology report dated 11/20/2013 show results consistent. The current medications: 1. 1. Norco 10/325 mg 2. 2. Celebrex 200 mg 3. 3. Lidoderm5% Patch 4. 4. Lyrica 75 mg capsule 5. 5. Docusate Sodium 250 mg 6. 6. Prevacid 15 mg 7. 7. Sucralfate 1 gm 8. 8. Trazadone 50 mg 9. 9. Zantac 150 mg 10. 10. Strattera 60 mg 11. 11. Lamictal 100 mg 12. 12. Seroquel 100 mg 13. 13. Acyclovir 400 mg 14. 14. Maca 500 mg The failed medications have been Tramadol, Percocet, gabapentin and Soma. The correspondence: on 05/23/2013 Agreed Medical Evaluation (AME) Re-Eval with work preclusions: 15 lbs lifting, pushing and pulling limit, bending, twisting, or vacuuming. 08/07/2013 AME Report. Work Status: Can return to work with restrictions at the present time if she can find employment. Objective findings on exam include the patient has a mild antalgic gait; has slowed gait; does not use assistive devices. Cervical spine examination reveals range of motion is restricted. On examination of the paravertebral muscles, tenderness and tight muscle band is noted on the right side. Lumbar Spine: Range of motion is restricted. On palpation there is tenderness noted on the left side. Lumbar facet loading is positive on the left side. Straight leg raising test is negative. Tenderness noted over the sacroiliac. Right shoulder: Movements are restricted. Neer, Hawkins, Empty Cans and shoulder crossover tests are negativ

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF WORKING CONDITIONING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, and Physical Medicine Page(s): 98-99, and 125.

Decision rationale: According to the guidelines, work conditioning amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision. If medically necessary, the guidelines support work conditioning of 10 visits over 8 weeks. The medical records demonstrate the patient has had a copious amount of treatment including numerous medications, pain management injection procedures, durable medical equipment (TENS (Transcutaneous electrical nerve stimulation)) and supervised physical therapy. However, it is concerning that MRI (magnetic resonance imaging) studies do not demonstrate any abnormal findings as to support an ongoing pathology or injury to justify the extensive interventions provided to date. The medical records do not establish the patient requires additional supervised intensive PT for exercise training. According to the CA MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. At this juncture, the patient should be well versed in a self-directed home program. There lacks

evidence of functional loss to substantiate placement in a work conditioning program would be of any actual benefit. As such, the request is not certified