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| <b>Case Number:</b>   | CM14-0003351 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 01/01/2012 |
| <b>Decision Date:</b> | 06/19/2014   | <b>UR Denial Date:</b>       | 12/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2014 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 52-year-old with an injury reported on January 1, 2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated January 6, 2014, reported that the injured worker complained of an acute pain to her lumbar spine. Per physical examination of the injured worker's range of motion to her lumbar spine was noted with limited flexion to 50 degrees, and extension to 15 degrees. The injured worker's diagnoses included asthma, migraines, peptic ulcer disease, appendectomy, cholecystectomy, and hysterectomy. The request for authorization was submitted on January 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL REHAB PROGRAM: [REDACTED] TWO TIMES TWELVE WEEKS FOR LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 98-99,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , WORK CONDITIONING, WORK HARDENING, 125-126

**Decision rationale:** The request for spinal rehab program: [REDACTED] two (2) times twelve (12) weeks for lumbar spine is non-certified. The injured worker complained of an acute pain to her lumbar spine. Per physical examination of the injured worker's range of motion to her lumbar spine was noted with limited flexion to 50 degrees, and extension to 15 degrees. It was noted that the request for [REDACTED] is likened to a work hardening program. According to the Chronic Pain Medical Treatment Guidelines work conditioning may be supported at ten visits over eight weeks to promote functional improvement and return to work. In addition, Work Conditioning participation does not preclude concurrently being at work. Per clinical evidence the program description was reported as a part-time active program twice a week for 2 hours sessions to accommodate the injured worker's work schedule. The documentation also notes that the injured worker needs an intensive program to return to work. Per the clinical information the injured worker's last session of physical therapy was on February 12, 2012, which was reported to leave the injured worker struggling emotionally with her disability. There is a lack of clinical information to demonstrate any improvement with physical or occupational therapy. It was also noted that the injured worker had severe "tinge" when lifting more than ten pounds. Furthermore, the request for two visits for twelve weeks exceeds the guidelines for a work conditioning program of ten visits over eight weeks. The request for spinal rehab program for the lumbar spine through the [REDACTED], twice weekly for twelve weeks, is not medically necessary or appropriate.