

Case Number:	CM14-0005082		
Date Assigned:	01/24/2014	Date of Injury:	11/18/2011
Decision Date:	06/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational 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 [REDACTED] employee who has filed a claim for lumbar intervertebral disc displacement associated with an industrial injury of November 18, 2011. Thus far, the patient has been treated with physical therapy and lumbar fusion surgery in April 2013. Medications and other treatment modalities, if present, were not documented. Review of progress notes improving low back pain with physical therapy. There is tenderness of the lumbar area with limited range of motion. Neurological examination of the lower extremities is normal. X-ray of the lumbar spine dated November 06, 2013 showed post-surgical changes at L4-5 area and degenerative spur formation at L2-3. Utilization review dated January 02, 2014 indicates that the claims administrator denied a request for vocational training as there is no documentation of trial of post-operative conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOCATIONAL TRAINING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPS) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: According to page 31 and 49 of the California MTUS chronic pain medical treatment guidelines, vocational rehabilitation and training do not have effective vocational outcomes. It is also established that vocational rehabilitation does not constitute medical treatment and would therefore be outside the scope of UR for medical necessity. In this case, patient is status post lumbar surgery in April 2013 with post-operative physical therapy. There is no documentation regarding pharmacological therapy or other conservative management strategies used, or description of the physical therapy sessions to warrant this treatment modality. It is unclear how vocational training will contribute to this patient's medical complaints given that effectiveness has not been demonstrated. Therefore, the request for vocational training was not medically necessary per the guideline recommendations of CA MTUS.