

<b>Case Number:</b>	CM14-0009669		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 37 year old male whose date of injury is December 26, 2012. On this date a wooden frame fell on him. Consultation dated December 16, 2013 indicates that the injured worker is status post T12-L2 posterior fusion on December 28, 2012. Progress report dated January 23, 2014 indicates that the injured worker was authorized for four visits of pain management counseling. The injured worker complains of constant mid back pain rated as 3 5/10. Diagnoses are lumbar compression fracture, and chronic pain syndrome. Progress report dated March 3, 2014 indicates that the injured worker is scheduled for a functional capacity evaluation on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT COUNSELING, SIX VISITS, ONE TIME A WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.20., ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** Based on the clinical information provided, the request for pain management counseling, six visits, one time a week for six weeks is not recommended as medically necessary. There is no psychosocial assessment submitted for review to establish a working diagnosis and individualized treatment plan for this injured worker. The submitted records indicate that the injured worker was previously authorized for four pain management counseling sessions; however, the injured worker's objective functional response to this treatment is not documented. If there was sufficient clinical documentation showing the injured worker's response or functional improvement to the previous pain management counseling sessions, California MTUS Guidelines support up to 10 visits of counseling. The request is not medically necessary.

**WORK CONDITIONING, TWELVE VISITS, THREE TIMES A WEEK FOR FOUR 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 Work conditioning, work hardening Page(s): 125-126.

**Decision rationale:** Based on the clinical information provided, the request for work conditioning twelve visits, three times a week for four weeks is not recommended as medically necessary. There is no pre-program functional capacity evaluation/physical performance evaluation submitted for review to establish baseline levels of functioning as well as current versus required physical demand level. The request exceeds the California MTUS Guidelines, which would support up to 10 visits of work conditioning. The request is not medically necessary.