

Case Number:	CM14-0106033		
Date Assigned:	07/30/2014	Date of Injury:	12/17/2009
Decision Date:	09/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male who reported an injury on 12/17/2009. The mechanism of injury was not stated. Current diagnoses include lumbar myospasm and lumbar sprain. The injured worker was evaluated on 05/09/2014. Physical examination revealed a loss of cervical and lumbar range of motion with sensory loss in the C5-6 and L5-S1 distributions bilaterally. Treatment recommendations included a referral for a cervical spine consultation, stress management, and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM), Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the

documentation submitted, there was no comprehensive psychological examination provided for this review. There was no mention of an attempt at any conservative management prior to the request for a specialty referral. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.

Pain Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM), Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's physical examination only revealed limited range of motion with sensory loss. There is no documentation of an attempt at any conservative management prior to the request for a specialty referral. As the medical necessity has not been established, the request is not medically necessary and appropriate.

Work Conditioning Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 75-103, Chronic Pain Treatment Guidelines WORK CONDITIONING; WORK HARDENING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 125-126.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend work conditioning as an option, depending on the availability of quality programs. California MTUS Guidelines utilize Official Disability Guidelines (ODG) Physical Medicine Guidelines for work conditioning which allow for 10 visits over 8 weeks. There was no specific body part listed in the current request. There was no total duration of treatment listed in the request. There was no documentation of an exhaustion of conservative treatment. There was no functional capacity evaluation provided. There is also no evidence of a defined return to work goal or specific job plan. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.