

<b>Case Number:</b>	CM14-0108381		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 56-year-old male who reported an injury on 12/03/2012. The mechanism of injury was not provided. On 06/06/2014, the injured worker presented with complaints related to the back and bilateral lower extremities. On examination there was tenderness noted to the bilateral lower extremities with 5/5 strength in iliopsoas, quad, EHL, and gastrocsoleus. There were absent deep tendon reflexes L4 to S1. An MRI revealed severe central stenosis spanning the L1-2, L2-3, and L3-4 related to disc bulge, epidural lipomatosis, and an element of congenital stenosis. There was severe stenosis noted at the L4-5 level and mild stenosis at the L5-S1 level. Diagnoses were degenerative disc disease of the lumbar spine, stenosis of the lumbar spine, and radiculopathy. Prior therapy included injections, medications, and electrodiagnostic studies. The provider recommended 5 days of acute inpatient rehabilitation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) Days of Acute Inpatient Rehabilitation Admission:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** The request For Five (5) Days of Acute Inpatient Rehabilitation Admission is not medically necessary. The California MTUS states that muscle multidisciplinary pain programs are recommended for injured workers with conditions that put them at risk of delayed recovery. Injured workers should be motivated to improve and return to work and meet injured worker selection criteria to include an adequate and thorough evaluation including baseline functional testing so that follow-up with the same tests can note functional improvement, previous methods of treating chronic pain has been unsuccessful, significant loss or ability to function independently resulting from chronic pain, a candidate where surgery or other treatments would clearly not be warranted, negative predictors of success have been addressed, and the injured worker has motivation to change. There is lack of documentation of an adequate and thorough evaluation of the injured worker including baseline functional testing. There is lack of documentation of other conservative treatment methods that have been provided and the efficacy of those previous treatments. The provider's rationale for the inpatient rehabilitation was not provided. As such, medical necessity has not been established.