

<b>Case Number:</b>	CM14-0015203		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 53-year-old male with date of injury of 12/05/2011. Per treating physician's report 12/26/2013, listed diagnoses are: Motor vehicle collision, concussion and head trauma, sprain/strain of C-spine. Treatment recommendations were range of motion exams, Miami lumbar brace, hot pack x15 minutes. Report on 12/16/2013 has painful head, neck, upper back, lower back, knee, groin are slightly better, treatment plan was hot pack, range of motion exam, Jamar test, pinch test, titmus vision exam. Report on 09/05/2013 is a comprehensive orthopedic evaluation with presenting complaints of low back pain, pain radiation to buttocks, spasm, also cervical pain with right shoulder discomfort. Listed diagnoses are: Status post right knee arthroscopic surgery, lumbar myofascial pain, bilateral lumbar radicular pain, status post multiple Synvisc injections through right knee, cervical myofascial pain. Recommendation was for repeat MRI scan, neurodiagnostic studies to the lower extremities. The request for 12 sessions of [REDACTED] Program which is found on RFA form 1/10/2014, was denied by utilization review letter dated 01/16/2014 as the patient did not meet the criteria provided by the treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF [REDACTED] PROGRAM: 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:** This patient presents with chronic low back pain with knee pain. The request is for 12 sessions of [REDACTED] Program. Review of 275 pages reports does not include the progress report that specifically discusses the request unfortunately. Request for authorization is from 01/10/2014 and progress report from this date is missing. The medical file did not include any physical therapy notes to determine patient's therapy history either. MTUS Guidelines have specific discussion regarding [REDACTED] Program. The patient must be able to participate 4 hours a day; any documented specific job to return to and must be available; approval of these programs requires screening process; and injured worker must not be more than 2 years past the date of injury. In this case, there is no documented work to return to and the patient's injury date is 12/05/2011 which more than 2 years from the current request. Recommendation is for denial.