

<b>Case Number:</b>	CM14-0118143		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Pain Management 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 is a female patient with a date of injury of July 17, 2013. A utilization review determination dated June 30, 2014 recommends a non-certification of a [REDACTED] program 12 part - day of spine rehab. A progress note dated June 19, 2014 identifies subjective complaints of a pain level of 4 - 6 on a 10 scale, continued back pain that fluctuates in intensity and frequency, and an expressed desire to participate in a spine rehab program. Current medications include ibuprofen 200 mg 1 - 2 times a week and Sudafed 30 mg as needed. Physical examination identifies that the patient is ambulatory without a device, the patient has a normal gait, standing posture is normal, and there are normal transitions from sit to stand. The diagnosis is low back strain. The treatment plan recommends [REDACTED] Program 12 part day sessions for an active spine rehab program. A consultation report for an active rehabilitation program dated May 9, 2014 identifies subjective complaints of constant low back pain that feels sharp and poking, and radiates toward the left buttock into the proximal posterior thigh. Activities are required bending make her pain worse and prolong sitting, driving, standing, and walking exacerbate her pain. Use of an electric heating pad helps with pain. The patient identifies that her pain impacts her ability to put on her socks, put on shoes, has difficulty shaving her legs, difficulty with cleaning her house, difficulty doing laundry, both falling asleep and staying asleep are difficult due to positional issues, and her pain limits or interactions with her kids and their sports activities. Physical examination identifies tenderness to palpation of the left QL and gluts with associated taut muscle bands, palpation reproduces her pain. The patient has a slight trunk lift to the left with gait, shoulder rounded posture, and neurologic exam is normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Track 1: [REDACTED] program, 12 part day for spine rehab: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-126 OF 127.

**Decision rationale:** Within the documentation available for review, there is documentation that the patient would like to return to her job and goals are noted. However, there is no documentation of an FCE showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA), failure of an adequate trial of physical or occupational therapy with improvement followed by plateau, the patient being unlikely to benefit from continued physical or occupational therapy or general conditioning, and a lack of candidacy for surgery or other treatments. In the absence of such documentation, the currently requested [REDACTED] program 12 part-day of spine rehab not medically necessary.