

<b>Case Number:</b>	CM14-0047135		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 40 year old female who reported an injury to the lower extremities resulting in joint pain. The utilization review dated 06/13/14 resulted in a denial for an interdisciplinary pain rehabilitation program as the injured worker has previously undergone 138 hours of treatment at an interdisciplinary program and the request exceeds treatment recommendations. The progress note dated 05/09/14 indicates the injured worker discussing the ongoing side effects from the medications she had been utilizing. The note does indicate the injured worker having been compliant with the treatment. The note indicates the injured worker having complaints of low back pain as well as urinary incontinence issues. The progress note dated 05/13/14 indicates the injured worker being instructed on Kegel exercises to strengthen the pelvic floor. The therapy note dated 05/02/14 indicates the initial injury occurred when she had a slip and fall.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary Pain Rehabilitation Program 90 hours 3 weeks: Upheld**

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

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

**Decision rationale:** The documentation indicates the injured worker having previously been approved for a 160 hour multi-disciplinary program. According to the progress notes, it appears the injured worker has completed 138 hours of an interdisciplinary program. Therefore, request for an additional 90 hours exceeds treatment recommendations. No exceptional factors were identified in the submitted documentation. Additionally, no information was submitted regarding the injured worker's individualized care plan. Therefore, this request is not indicated as medically necessary.