

<b>Case Number:</b>	CM14-0063831		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 and Rehabilitation and Pain Management, 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:

The patient is a 47 year old female with an injury date on 01/07/2011. Based on the 03/11/2014 progress report provided by the treating physician, the diagnoses are, lumbar post laminectomy, lumbar radiculitis and adjustment disorder with mixed anxiety and depressed mood. According to this report, the patient complains of pain in her lumbar spine which radiates to bilateral lower limbs, left over right. The patient states that gabapentin 600 mg helps with the numbness and leg pain. The lumbar range of motion is restricted. On palpation; tenderness was noted at the paravertebral muscles, L5 spinous process and the coccyx bone. The patient cannot perform toes walk. On sensory examination, light touch sensation is decreased over S1 distribution on the left side; sensation to pin prick is decreased over S1 distribution on the left side. Repeat MRI showed L5-S1 herniated disc with compression of left S1 nerve root. The date of the image study was not provide. There were no other significant findings noted on this report. The treating physician is requesting 12 sessions of track 1 spineone program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRACK 1 SpineOne Programs** XXXXXXXXXX **12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs (FRPs), page 49.

**Decision rationale:** According to the 03/11/2014 report by the treating physician this patient presents with pain in her lumbar spine which radiates to bilateral lower limbs, left over right. The treating physician is requesting 12 sessions of rehab program. The MTUS guidelines page 49 recommend functional restoration programs and indicate it may be considered medically necessary when all criteria are met including adequate and thorough evaluation has been made, previous methods of treating chronic pain have been unsuccessful, significant loss of ability to function independently resulting from the chronic pain, not a candidate for surgery or other treatments would clearly be, the patient exhibits motivation to change and negative predictors of success above have been addressed. The review of the reports do not show the patient has had an evaluation done. There was no discussion of the patient's loss of ability to function independently. In this case, the treating physician is requesting 12 sessions of track 1 spineone rehab program. The MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. Before treatment is recommended, an evaluation must first take place and address certain issues such as motivation to change and negative predictor to success. Recommendation is for denial. As such, the request is not medically necessary.

