

<b>Case Number:</b>	CM14-0135840		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 44-year-old male, who sustained an industrial injury on January 27, 2011. He reported a low back injury. The injured worker was diagnosed as having multilevel disc herniations of the lumbar spine, bilateral L5 pars defects, and retrolisthesis. Treatment to date has included medications, transforaminal epidural steroid injection right L5, S1, 13 acupuncture sessions, and 4 chiropractic sessions. On October 17, 2014, he has current complaints of low back pain with radiation into the right leg. He rates his pain as 2/10 on a pain scale. He indicates he has had no changes since his last evaluation. The current medications: Norco 10/325 one tablet nightly. The request for authorization includes a computed tomography scan of the lumbar spine to further evaluate the bony anatomy, and [REDACTED] program in line with the AME, and extension for the authorized psychiatric consult that was authorized on 11/25/13, and medications as outlined above, and follow-up in 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

**Decision rationale:** The medical records provided for review do not document physical exam findings of decreased ROM, weakness, or pain with range of motion. Specific goals of therapy in support of [REDACTED] program are not specified. Rationale for why the insured is not able to perform self directed program is not indicated. MTUS guidelines do not support [REDACTED] program for the conditions indicated of the injured worker. As such, [REDACTED] program is not supported by the medical records provided for review, and therefore is not medically necessary.