

<b>Case Number:</b>	CM14-0196890		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/20/2006
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work-related injury on December 20, 2006. Subsequently, she developed chronic low back pain and neurogenic bladder. Prior treatments include: medications, facet injections, epidural steroid injections, trigger point injections, and psychotherapy. The patient did not work since 2007. An MRI showed spurring in the thoracic and cervical spine. The provider requested authorization for Rehabilitation therapy options with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vocational rehabilitation program for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

**Decision rationale:** According to the patient chart, the bladder dysfunction occurred 14 years after the work accident and the cause effects between the 2 events is no clear. There is no documentation that the patient is motivated to go back to work. His physical examination failed to document that the patient has a functional deficit requiring vocational restoration program.

Furthermore, there is no documentation of the objectives and goals of the prescribed program. Therefore, the prescription of Vocational rehabilitation program for the cervical and lumbar spine is not medically necessary.