

Case Number:	CM15-0162803		
Date Assigned:	08/31/2015	Date of Injury:	09/14/1989
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female who sustained an injury on 9-14-89 resulting from repetitive heavy lifting and bending while loading and unloading printing presses. During the work shift she had onset of severe low back pain that did not resolve. Treatment included diagnostic lumbar hardware block on 1-7-13 and caudal epidural on 5-11-15. Diagnoses include failed back syndrome; status post multiple spine surgeries including spinal fusion, L4 to S1 with subsequent removal of hardware in 1999; bilateral sacroiliitis; bilateral lower extremity radiculopathy; status post anterior lumbar Interbody fusion with osteotomy, L3-4 and PLIF, L3-4 and L5-S1 with instrumentation and iliac crest bone graft on 10-6-11; status post lumbar hardware removal on 5-13-13; neurogenic claudication. Medications include Ibuprofen 800 mg, Norco 10-325 mg, Fentanyl 25 mcg, patch; Lyric 50 mg; Colace 100 mg; and Cyclobenzaprine 10 mg. MRI lumbar spine done on 6-15-15 report shows postsurgical changes noted with fusion at L3-L4, L4-L5 and L5-S1; multilevel facet arthropathy with no central canal narrowing; no disc protrusion or neural abutment. On 6-24-15 the IW exhibits swelling and discoloration in the lower legs and feet; severe pain on the top of the feet; pain in the mid to low back, hips, buttocks down the bilateral lower extremities. The pain is rated 10 out of 10 on the pain scale and intensity and is reduced to 7 out of 10 with medications. Medications prescribed at this visit include Butrans 20 mcg, hour Patch Mcg, hour; Norco 10-325 mg tab, 1-2 every 4 hours as needed. Current requested treatments outpatient wellness program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient wellness program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.dir.ca.gov/t8/ch4_sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise section Page(s): 46, 47.

Decision rationale: The MTUS Guidelines recommend the use of exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Although exercise is recommended, a wellness program is not considered medical treatment as it is prevention focused. The request for outpatient wellness program is determined to not be medically necessary.