

Case Number:	CM15-0185966		
Date Assigned:	09/28/2015	Date of Injury:	08/07/2011
Decision Date:	11/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female, who sustained an industrial injury on 8-7-2011, resulting in pain or injury to the neck, lower back, knees, hands, and upper extremities. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain-strain, chronic lumbar sprain-strain, thoracolumbar resolving mild sprain, bilateral medial epicondylitis, status post right arthroscopy with 10 degree extensor lag, left knee rule out medial meniscus tear, bilateral shoulder strain, bilateral carpal tunnel syndrome status post left wrist carpal tunnel release in 2013, and early medial compartment arthropathy of the right knee. On 9-1-2015, the injured worker reported continued pain in the neck and back, with increased pain worsening noted after a fall, with headaches, bilateral knee pain, and pain in the bilateral lower extremities to the feet. The Primary Treating Physician's report dated 9-1-2015, noted the injured worker reported increased pain after activities. The physical examination was noted to show spasms in the cervical spine with tenderness to palpation in the bilateral paracervicals, and tenderness to palpation noted in the lumbar spine bilateral paralumbars, with decreased range of motion (ROM), and crepitus in the bilateral knees. Prior treatments have included acupuncture, cognitive behavioral therapy (CBT), physical therapy, cervical epidural steroid injection (ESI), left carpal tunnel release, and right knee surgery. The treatment plan was noted to include continued cognitive behavioral therapy (CBT) with agreement to request a wellness clinic program x1 week, continued home exercise program (HEP), and request for authorization for a rheumatology evaluation to determine if industrial treatment necessary. The request for authorization dated 9-14-2015, requested a Wellness clinic program lumbar spine (week) QTY; 1.00 and a Rheumatology consultation Qty: 1.00. The Utilization Review (UR) dated 9-18-2015, approved the request for a Rheumatology consultation Qty: 1.00 and denied the request for a Wellness clinic program lumbar spine (week) Qty; 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellness clinic program lumbar spine (week) Qty; 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Wellness clinic program lumbar spine (week) Qty; 1.00 is not medically necessary per the MTUS Guidelines. The MTUS states that whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The documentation is not clear on what are the components of the wellness clinic program. A review of the MTUS or the ODG did not reveal evidence of the components of a wellness program. The MTUS does support a treatment plan with specifics that explain the purpose of each component of the plan. The documentation does not reveal this treatment plan therefore a wellness clinic program is not medically necessary.