

<b>Case Number:</b>	CM15-0045783		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: 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 51-year-old female, who sustained an industrial injury on February 11, 2010. She reported low back pain. The injured worker was diagnosed as having strain of lumbar region, herniation of the lumbar intervertebral disc with radiculopathy and status post lumbosacral spine surgery. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbosacral spine, conservative therapies including physical therapy, medications and work restrictions. Currently, the injured worker complains of low back pain with associated numbness and tingling of the right lower extremity. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She reported working as a nurse and feeling two pops with immediate back pain while assisting the physician with turning a patient while applying a cast. She was treated conservatively and surgically without resolution of the pain. Evaluation on March 4, 2011, revealed continued pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic pain program with physical therapy and cognitive behavioral therapy; 18 treatments (2-3 x6):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pain rehabilitation Page(s): 30-31.

**Decision rationale:** The medical records provided for review support the insured has a chronic pain condition on chronic opioids that has not improved despite medication therapy, psychological care, and self directed physical therapy program including pool therapy. The medical records support that there is associated psychological condition with the pain. MTUS guidelines support that chronic pain rehabilitation programs are recommended where is access to a program with proven successful outcomes. As such, the medical records support pain rehabilitation program for the insured, making the treatment medically necessary.