

Case Number:	CM14-0127742		
Date Assigned:	09/23/2014	Date of Injury:	03/18/2011
Decision Date:	10/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old female who reported an injury on 03/18/2011 due to an unknown mechanism. Diagnoses were degeneration of lumbar or lumbosacral intervertebral disc, myofascial pain, sciatica, and spinal stenosis of the lumbar region. Physical examination on 04/25/2014 revealed complaints of low back pain. It was reported that the pain radiated to the right side. It was reported that the injured worker had an injection. Examination of the lumbar spine revealed muscle tone in the lower extremities was normal. Muscle tone in the paraspinal muscles was normal. Spasms were absent. Range of motion was without pain. Patrick's/Faber was negative on the right and left bilaterally. Range of motion: lateral flexion was to 35 degrees, extension was to 35 degrees, flexion was to 80 degrees, and rotation was full and pain free. Medication was diclofenac potassium 50 mg and ibuprofen. The treatment plan was to continue exercise therapy. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEP Program, 12 Sessions, 2xWk, Lumbar Spine, Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Pain Management Programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The decision for PEP Program, 12 Sessions, 2xWk, Lumbar Spine, Cervical Spine is not medically necessary. According to the Santa Monica Sports Medicine Research Foundation, the PEP Program is Prevent injury and Enhance Performance. This prevention program consists of a warm-up, stretching, strengthening, plyometrics, and sport specific agilities to address potential deficits in the strength and coordination of the stabilizing muscles around the knee joint. The medical guidelines do not address the PEP Program specifically, but they do address physical medicine. The California Medical Treatment Utilization Schedule states that "physical medicine with passive therapy can provide short term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing in soft tissue injuries." Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The rationale for the PEP Program was not reported. There were no objective deficits on physical examination. It was reported that the injured worker was ready to go back to work. The clinical information submitted for review does not provide evidence to justify the PEP Program, 12 Sessions, 2xWk, Lumbar Spine, Cervical Spine. Therefore, this request is not medically necessary.