

Case Number:	CM14-0145747		
Date Assigned:	09/12/2014	Date of Injury:	10/16/2006
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 and is licensed to practice in California. 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 59-year-old female with a reported date of injury on 04/02/2014. The mechanism of injury was a fall. The subjective complaints on 07/21/2014 included pain in the posterior neck that radiates to the upper back and upper extremities. She also complains of chronic low back pain which radiates to the right gluteal region. The diagnoses included cervical spine, thoracic spine, lumbar spine chronic pain. The past treatments included pain medication, physical therapy, chiropractic therapy, and massage therapy. There were no diagnostic imaging studies provided for review. There was no surgical history documented in the notes. The physical exam findings noted decreased range of motion to the cervical spine with tenderness over the paracervical region. The lumbar spine had decreased range of motion and tenderness over the paralumbar muscles and sacroiliac joints and gluteal muscles bilaterally. The medications consisted of Toradol and capsaicin cream. A request was received for educational classes. The rationale for the request was not provided. The Request for Authorization form was not provided. The treatment plan was to continue medications, continue physical therapy, continue chiropractic treatment, and continue home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

EDUCATIONAL CLASSES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Education.

Decision rationale: The request for educational classes is not medically necessary. The Official Disability Guidelines state education is recommended, ongoing education for the patient and

family, as well as the employer, insurer, policy makers, and the community should be the primary emphasis in the treatment of chronic pain. The injured worker has chronic low back pain. There was a lack of information regarding what type of educational classes are needed, and also there was no rationale provided in the notes. In the absence of a clear rationale and specific educational classes that are needed, the request is not supported by the guidelines. As such, the request is not medically necessary.