

Case Number:	CM14-0148362		
Date Assigned:	09/18/2014	Date of Injury:	09/08/2007
Decision Date:	11/05/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation, and is licensed to practice in Texas & 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 50-year-old female, who reported an injury on 09/08/2007 due to repetitive bending and stooping and lifting, pushing and pulling during her 20 years of part time duties as a concession worker. The diagnoses are lumbar sprain/strain; lumbalgia/lumbar intervertebral disc, spinal stenosis/lumbar region; chronic pain syndrome with psych features due to med condition; sciatica; cumulative trauma from repetitive motion; major depressive disorder, moderate. Past medical treatment included medications and psychotherapy sessions. Diagnostic testing was not provided. Surgical history was not provided. The injured worker complained of chronic back pain on 08/01/2014, rating the pain as greater than 10/10. The physical examination revealed lumbar paravertebral muscles are tense, lumbar active range of motion decreased on forward flexion to 30 degrees with hands to thighs; lateral flexion to right and left 0; extension 0. The injured worker could not walk more than 1 step on heels and on toes due to worsening of the low back pain. The physical examination of the cervical paravertebral muscles revealed cervical forward flexion 43, extension 52, and lateral flexion to right 28 and to left 44, rotation to the right 60 degrees and to the left 50 degrees. Medications included Norco 5/325, Valium 5 mg, Tramadol ER 150 mg, Ibuprofen 800 mg, Omeprazole 20 mg, and Menthoderm. The treatment plan is for vocational rehab. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vocational Rehab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Page(s): 30-32.

Decision rationale: The request for Vocational Rehab is not medically necessary. The injured worker complained of chronic back pain on 08/01/2014, rating the pain as greater than 10/10. The California MTUS guidelines note outpatient pain rehabilitation programs may be considered medically necessary when an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. There must be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement and the patient has a significant loss of ability to function independently resulting from the chronic pain. There should be evidence that the patient is not a candidate where surgery or other treatments would clearly be and the patient should exhibit the motivation to change, and be willing to forgo secondary gains, including disability payments to effect this change. The guidelines also recommend addressing negative predictors of success. There is a lack of documentation provided including the injured workers treatment since the date of injury. The requesting physician did not include an adequate and thorough evaluation, including baseline functional testing. There is a lack of documentation demonstrating the injured worker is motivated to change. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for Vocational Rehab is not medically necessary.