

Case Number:	CM13-0006108		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2010
Decision Date:	04/04/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 49 year-old female who was injured on 9/8/2010. She has been diagnosed with: cervical radiculopathy; cervical spondylosis; cervical disc disorder and depression NOS. According to the 6/19/13 report from [REDACTED], the patient presents with neck pain radiating down both arms; BUE pain; and headache. Pain is 3/10. She had an ESI on 4/29/13 that reduced her pain by over 50%. On exam, she appears depressed and in severe pain and tearful. [REDACTED] recommends a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for work conditioning/hardening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: According to the 6/19/13 report from [REDACTED], the patient presents with neck pain radiating down both arms; BUE pain; and headache. Pain was rated at 3/10, yet on examination she was reported to be tearful and in severe pain. [REDACTED] requests a work

hardening program. This is an incomplete prescription. The duration, frequency and total number of work-hardening/conditioning sessions were not provided. The information was not provided on the 10/30/13 or the 11/6/13 reports. Without a complete prescription with the information above, I am unable to verify if it is in accordance with the 10 visits recommended by the MTUS guidelines. There was not reporting on the patient's occupational requirements and goals, and the patient is over 2-years past the date of injury. The patient does not appear to meet the MTUS criteria for admission to a work-hardening program.