

Case Number:	CM13-0019774		
Date Assigned:	10/11/2013	Date of Injury:	02/24/2012
Decision Date:	05/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 42-year-old male who reported an injury on 02/24/2012. The mechanism of injury was not stated. Current diagnoses include chronic pain syndrome, degenerative disc disease in the cervical, thoracic, and lumbar spine, cervical facet arthropathy, lumbar facet arthropathy, and cervicalgia. The most recent physician progress report submitted for this review is documented on 09/10/2013. The injured worker reported 8/10 neck and lower back pain with radiation to bilateral upper and lower extremities. The injured worker reported improvement in symptoms and function with the current medication regimen. Physical examination revealed tenderness to palpation with decreased range of motion and bilateral trapezius spasms. Treatment recommendations at that time included continuation of a home exercise program and current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 WORK CONDITIONING PROGRAM SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: California MTUS Guidelines state work conditioning and work hardening are recommended as an option depending on the availability of quality programs. There should be documentation of an adequate trial of physical therapy, with improvement, followed by a plateau. There should also be documentation of a specific return to work goal. California MTUS Guidelines utilize ODG Physical Medicine Guidelines for Work Conditioning, which allow for 10 visits over 8 weeks. Therefore, the current request for 12 work conditioning sessions exceeds guideline recommendations. There is also no evidence of a previous course of physical therapy with improvement followed by a plateau. Based on the clinical information received and the California MTUS Guidelines, the request for twelve (12) work conditioning program sessions are not medically necessary.