MAXIMUS Federal Services

Case Number:	CM13-0020815		
Date Assigned:	12/27/2013	Date of Injury:	01/16/2012
Decision Date:	03/10/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	09/06/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 52 year old male with a date of injury of 1/16/2012. Medical documents indicate that he is undergoing treatment for low back, neck, and right shoulder pain. Treatment has included work modifications, chiropractic care, physical therapy, muscle relaxants, NSAIDs and work hardening/conditioning. Diagnostic evaluation has included EMG of upper extremity and MRI of neck. PR-2 note dated 7/31/2013 states following his evaluation, a course of work conditioning consistent with ACOEM recommendations for chronic pain syndrome was recommended. He has completed 12 sessions to date with improvement. The provider further requested additional series of 12 work conditioning sessions for the patient. A utilization review dated 8/18/2013 non-certified a request for 12 work conditioning and hardening sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Work Hardening/Conditioning.

Decision rationale: The medical documentation provided did not adequately address the Chronic Pain Medical Treatment Guidelines for work conditioning programs. Mainly after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning and treatment not being supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. ODG further state work conditioning programs should be 10 visits over 8 weeks. Additionally, the PR2 note dated 7/31/2013 indicates that the patient has already completed 12 work conditioning session to date with improvement. Guidelines state that re-enrollment in the same rehabilitation program is not recommended. As such, the request for 12 work conditioning/hardening sessions is not medically necessary.