

Case Number:	CM13-0029164		
Date Assigned:	03/17/2014	Date of Injury:	08/11/2008
Decision Date:	08/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine and is licensed to practice in Texas. 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 41 year old male who sustained work related injury on 8/8/2008. The injury resulted in lower back pain that travels to his buttocks, hip, knees, calf and the toes of his right foot. The pain worsens with change in posture, coughing, sneezing and changes in weather. The pain is associated with numbness and tingling from his leg to toes. In addition, he is reported to have an impairment in bowel, bladder and sexual functions. The examination showed signs of radiculopathy, including weakness in muscles of lower limbs, sensory loss, positive straight leg raise right lower limb greater than left. The records reviewed showed his complaints appear to be more serious than the findings on examinations. He has been diagnosed of Lumbosacral disc degeneration; malaise and fatigue; cervicgia. Two MRI studies showed L4, L5 annular tear and protrusion. Toradol, Naproxen and Tramadol provide only brief relief. An Agreed Medical Examiner recommended two Steroid injections. A repeat examination by the examiner recommended he remain off duty until the third injection has been given. Also, he was recommended for 12-24 hours of physical therapy. His doctor's request for work hardening, three months supervised Gym membership and Neurological referral for his neck was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program two (2) times a week for four (4) weeks for the lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: Work hardening is a recommended option in the management of musculoskeletal conditions not lasting more than two years in situations where surgery or other options will not be helpful. The MTUS recommends the eligible candidate be initially offered physical therapy, then when this plateaus place the candidate on a 1-2 two weeks work conditioning program. The MTUS does not support any treatment longer than two weeks without documented evidence of compliance and demonstrated subjective and objective improvement in functional abilities. Additionally, the MTUS recommends the candidate pass through a screening process that includes file review, interview and testing to determine treatment success. This worker has been injured since 2008, making him about 4-5 years out from the injury date. Although the records reviewed suggest he is not a surgical candidate and he has not responded favorably to other measures, there is no indication he had been tried on an initial 1-2 weeks of work hardening, neither is there a record of proper screening. The case is therefore not medically necessary.

3-Month supervised gym membership: 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 Exercise Page(s): 46-47.

Decision rationale: Although the MTUS guidelines highly recommends exercises, it makes no mention of Gym membership. Also the ACOEM guidelines has no recommendation for or against Gym membership for work injuries.

Consultation with neurosurgeon for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercises.

Decision rationale: This is not medically necessary based on the fact that the documents reviewed failed to provide information on how the diagnosis of cervicalgia was arrived at. Therefore we do not know which aspect of his health needs needs neurosurgical attention.