

Case Number:	CM13-0031168		
Date Assigned:	12/04/2013	Date of Injury:	11/14/2010
Decision Date:	01/16/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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.

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 patient is a 42 year old male who reported an injury on 11/14/2010. The mechanism of injury was lifting/moving heavy boxes. He received physical therapy of unknown duration initially, and had an EMG in 2012. His diagnoses include cervical spondylosis with cervical radiculopathy. He had a decompression and neuroplasty at C3, C4, C5, C6, and C7 bilaterally with medial branch blocks to facet joints at C3-4, C4-5, C5-6, and C6-7. The most recent clinical note dated 11/29/2013 noted that the patient did not report difficulty or inability in performing activities of daily living. As of 08/29/2013, the patient had not reached maximum medical improvement and is therefore, not permanent and stationary. He is currently working full duty and is on medication and home exercise programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning visits QTY: 15: 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: The California MTUS Guidelines recommend work conditioning as an option if certain criteria are met by the patient. These criteria include a work related

musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; physical or occupational therapy with improvement and followed by a plateau, but not likely to benefit from further therapy; not a candidate for surgery to help improve function; able to participate in a minimum of 4 hours and 3-5 days a week program; a defined return to work goal agreed to by both employer and employee; probable benefit on behalf of the patient; no more than two years post injury; and 1-2 weeks of documented compliance before further participation in the program. The patient does not currently meet these criteria, notably functional limitations precluding ability to meet current job demands and no more than two years post injury. The patient is currently working full duty with no restrictions and it has been over 3 years since his initial injury. Therefore, the request for work conditioning 15 visits is non-certified.