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| Case Number: | CM13-0033968 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 04/08/2012 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/11/2013 |

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, and is licensed to practice in Washington DC. 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 35 year old woman, assistant manager and bar attendant, who had back pain after stooping over to lift an object. Patient had MRI back on June 28 2012 which showed disc degeneration and narrowing at L4-5 and L5-S1. Patient saw [REDACTED] on October 12, 2012 for ongoing pain complaints. Patient was given Voltaren and Ultram. Patient saw [REDACTED] on January 18, 2013 for ongoing pain complaints. She was given mobiq and Norco prn. She was to continue acupuncture and get epidural injection. Patient saw [REDACTED] on June 14, 2013 for ongoing pain complaints. He recommended an epidural injection and MRI of the back. Patient saw [REDACTED] on July 26, 2013 for ongoing pain complaints. She was noted to have 25 lb weight gain. He recommended continuation of Cymbalta, Lindora weight loss program , acupuncture and a 6 week work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program for the lumbar spine for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

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

Decision rationale: Patient was having back pain. She was prescribed a work hardening program for 6 weeks. As per MTUS guidelines, work hardening program regarding timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not 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. The clinical documentation does not support this and it is not medically indicated.