

Case Number:	CM13-0034738		
Date Assigned:	12/11/2013	Date of Injury:	03/15/2013
Decision Date:	02/13/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine, 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. 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's date of injury was 03/15/13. His initial injury was to his lower back as the result of riding a pallet jack. His initial complaints involved pain in the lower back and into his right testes. Plain films and MRI images of the lumbar spine were taken. The treating clinician reports in her note dated 07/02/13 that the patient has post-traumatic cervical spine sprain/strain, bilateral rotator cuff syndrome, lumbar spine discopathy, bilateral hip sprain/strain, and other diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Although this patient initially had low back and scrotal area pain, the current description of the pain encompasses many more body regions. There are a number of criteria that must be met for entry into a work conditioning program. These include, but are not limited to documentation of a defined return to work goal agreed to by employer and employee,

documentation that patient is not a candidate for surgery, or documentation that the job demands exceed the patient's abilities. The documentation provided does not meet these and the other criteria. Therefore, the request for work conditioning is non-certified.