MAXIMUS Federal Services

Case Number:	CM13-0039015		
Date Assigned:	12/18/2013	Date of Injury:	02/06/2013
Decision Date:	02/06/2014	UR Denial Date:	09/10/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in Califorina. 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:

The patient is a 45 year old male with a date of injury of 02/06/2013. Utilization Review letter dated 09/10/2013 recommends denial of Work hardening program (3x2). Patient has diagnoses of lumbar disc displacement with myelopathy and lesion of sciatic nerve. According to report dated 08/28/2013 by [redacted], patient presents with constant severe lower back pain that was described as throbbing and aching. The pain was aggravated by prolonged sitting and standing, prolonged walking, squatting, kneeling, playing sports and lying in bed. Patient has also made references to frequent minimal pain in the right thigh that was sharp and aggravated by prolonged walking. Physical examination showed +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to L1, multifidus and right piriformis muscle. Kemp's test was positive bilaterally. Straight-leg-raising was positive on the right, Braggard's and Yeoman's was negative. The left and right Achilles reflex was decreased. [redacted] in his discussion, recommends patient participate in a work hardening program for six sessions. An functional capacity evaluation report dated 08/19/2013 was also provided for review, report indicated that patient "does not meet the strength requirements to work as a warehouse stocker."

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening three times a week for two weeks for the Lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: Please note the following citation regarding the criteria for admission to a Work Hardening Program: "(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) 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. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury (Chronic Pain Medical Treatment Guidelines, page 125)." This patient presents with chronic low back pain with sciatica. Dr. Pratley in his report dated 08/28/2013, states patient has not shown significant functional improvement in his conservative therapy program, and therefore, he recommends patient stop his conservative therapy and start on a work hardening program. California Medical Treatment Utilization Schedule (MTUS) guidelines pg. 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of physical therapy with improved followed by plateau, non surgical candidate, defined return to work goal agreed by employer & employee, etc. A