

Case Number:	CM13-0042080		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2012
Decision Date:	04/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 11/28/12. A utilization review determination dated 9/26/13 recommends modification for work hardening from twice weekly for 2-3 hours from 4 weeks to 2 weeks after teleconference with the treating provider. 8/20/13 medical report identifies low back and right leg pain 6-8/10. On exam, there was restricted AROM of the lumbar spine and motor weakness consistent with an L5 nerve root lesion on the right. An evaluation for work hardening was recommended. 10/17/13 medical report identifies a recommendation to begin therapy and schedule a follow-up at the end of the two weeks of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

A work hardening program (2-3 hours twice weekly for four 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 Work conditioning work hardening Page(s): 125-126.

Decision rationale: Regarding the request for work hardening program (2-3 hours twice weekly for four weeks), it is noted that this was modified to 2 weeks by utilization review. California MTUS cites various criteria for work hardening, including: 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); 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; Not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; A defined return to work goal agreed to by the employer & employee (A documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); 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; and The worker must be no more than 2 years past date of injury. CA MTUS also cites that 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. Within the documentation available for review, there is documentation of failure of prior treatment and a lack of candidacy for other treatments. However, 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. This was modified in utilization review but, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested work hardening program (2-3 hours twice weekly for four weeks) is not medically necessary.