MAXIMUS Federal Services

Case Number:	CM13-0045751		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2013
Decision Date:	03/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Rehabilitaiton 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 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 female patient with a date of injury of 1/15/13. A utilization review determination dated 10/25/13 recommends non-certification of work hardening program/therapy 3 x 2. A medical report dated 11/7/13 identifies that the patient would like to return to her housekeeping job. She completed 6 sessions of work hardening and had functional improvement consisting of increased ADLs of walking up to 30 minutes, standing up to 20 minutes, and watering plants. She also had increased range of motion with lumbar spine left bending from 16 to 21. Goals are to increase her work capacity and ADLs, decrease the work restrictions, need for medication, VAS rating, and swelling, and increase Range Of Motion. Subjective complaints include lumbar spine pain and weakness in the RLE. Objective examination findings identify spasm and tenderness to the bilateral lumbar paraspinal muscles, limited range of motion, and positive Kemp's, SLR, and Yeoman's bilaterally, as well as Braggard's test on the right. Diagnoses include lumbar spondylosis with myelopathy and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program, Therapy 3x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-6 of 127.

Decision rationale: Regarding the request for work hardening program/therapy 3 x 2, 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. Workers that have not returned to work by two years post injury may not benefit. Within the documentation available for review, there is documentation that the patient would like to return to her housekeeping job and goals are noted. The patient already completed 6 sessions of work hardening with mild increased ROM in the form of a 5-degree improvement in lumbar spine left bending. However, there is no documentation of an FCE showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA), failure of an adequate trial of physical or occupational therapy with improvement followed by plateau and the patient being unlikely to benefit from continued physical or occupational therapy, or general conditioning, and a lack of candidacy for surgery or other treatments. In the absence of such documentation, the currently requested work hardening program/therapy 3 x 2 is not medically necessary.