MAXIMUS Federal Services

Case Number:	CM13-0050351		
Date Assigned:	12/27/2013	Date of Injury:	11/11/2010
Decision Date:	03/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 licensed in Chiropractic and Acupuncture, 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:

The injured worker is a 33 year old female who reported low back pain, neck pain and shoulder pain from injury sustained on 11/11/10. Patient had a trip and fall resulting in her pain. MRI dated 3/19/13 of right shoulder with no acute findings. MRI dated 4/21/11 of lumbar spine reported degenerative changes. MRI dated 4/21/11 of thoracic spine was unremarkable. Patient was diagnosed with Lumbar Radiculopathy, Cervical Radiculopathy, Cervical pain and shoulder pain. Patient was treated with medication, physical therapy, injection and Chiropractic treatment. Patient was re-evaluated if care has been beneficial and/or if further treatment is necessary. Patient was seen for a total of 5 of 6 visits. Patient reported symptomatic and functional improvement with treatment. The patient has been taking extensive medications. Patient had extensive Physical Therapy without any benefit. Patient continues to have pain and flare-ups. Per Chiropractic notes, Patient reported pain with 5/10, improvement with range of motion, decreased spasm and increased extremity strength. She still remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Work Conditioning Sessions: Upheld

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

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

Decision rationale: Work Conditioning, work hardening per the Medical Treatment Utilization Schedule (MTUS), Chronic pain medical treatment guidelines, Page 125, Criteria for admission to a work hardening program: "Work related musculoskeletal condition with functional limitations precluding ability to safely achieve work job demands, which are in medium or high demand level (i.e., not clerical/ sedentary work). A functional capacity evaluation (FCE) may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demand analysis (PDA)". There is lack of FCE and PDA documentation. "After treatment with an adequate trial of physical or occupational therapy, or general conditioning". Patient has only had 5 of 6 visits which demonstrate improvement with increased range of motion, decreased spasm and increased strength. Patient may benefit from additional visits. "Not a candidate where surgery or other treatments would clearly be warranted to improve function". Patient is making improvement with Chiropractic treatment. "A defined return to work goal agreed to by employer and employee: a documented specific job to return to with job demands that exceed abilities, or documented on-the-job training". "The worker must be no more than 2 years past date of injury. Workers that have not returned to work by 2 years post injury may not benefit". Patient has been injured since 2010 which makes the injury more than 2 years old, therefore the patient doesn't qualify. Patient is improving with care and showing signs of both symptomatic and function improvement. Per review of evidence and guidelines, 12 work conditioning sessions are not medically necessary.