

Case Number:	CM13-0055245		
Date Assigned:	06/09/2014	Date of Injury:	07/01/2013
Decision Date:	07/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/20/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 26 year old male who had a work injury dated 7/1/13. On the date of injury the patient was lifting a box from the floor that weighed an estimated 70 pounds when he felt severe pain on his lower back. The diagnoses include lumbar disc displacement without myelopathy. Under consideration is a request for 6 work hardening/conditioning sessions for the lumbar spine. There is an 8/28/13 initial evaluation (PR-1) that states that the patient worked as an inventory controller for a furniture warehouse. The patient had an x ray of the lumbar spine that confirmed strain to the lumbar spine. He was prescribed pain medication. Post injury conservative therapy was prescribed and the patient completed 8 sessions. The patient returned to work with restrictions that stated no lifting more than 20 pounds, and limited bending at the waist. At this 8/28/13 visit the patient complained of constant moderate to severe pain that was described as sharp, throbbing, and radiating. The pain was aggravated by bending forward at the waist, prolonged walking, prolonged standing, and prolonged sitting. On exam there was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test was positive bilaterally. The straight leg raise test was negative bilaterally. Yeoman's was positive bilaterally. The left Achilles reflex was decreased. The right Achilles reflex was decreased. Lumbar dermatomes were equal bilaterally to light touch. The lumbar myotomes were within normal limits bilaterally. The treatment plan included 6 visits of conservative therapy, myofascial release, electrical stimulation, topical creams, lumbosacral orthoses and a functional capacity evaluation. There is a 10/2/13 document that states that the patient complained of constant moderate pain that was described as sharp and was aggravated by standing for long periods. The patient reported that the pain radiated into his mid back. The patient also complained of severe stress and trouble sleeping due to back pain. On examination there was +3

spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S 1 and multifidus. Lumbar range of motion was captured digitally by Acumar. A report and graph are attached. Kemp's test was positive bilaterally. Yeoman's was positive bilaterally. The left Achilles reflex was decreased. The right Achilles reflex was decreased. The treatment plan included an interferential current muscle stimulator, medication management and work hardening for 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) WORK HARDENING/CONDITIONING SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program Page(s): 125-126.

Decision rationale: The request for 6 work hardening/conditioning sessions for the lumbar spine per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the criteria for admission to a Work Hardening Program include a screening process that includes file review, interview and testing to determine likelihood of success in the program. There is also no documentation of a defined return to work goal agreed to by the employer & employee. The request for 6 work hardening/conditioning sessions for the lumbar spine is not medically necessary.