

Case Number:	CM13-0055631		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2011
Decision Date:	03/17/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 Pulmonary Disease 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 patient is a 35 year old male who reported an injury on 10/13/2011. The mechanism of injury was not provided. The patient's initial examination of the lumbar spine revealed that they had 40 degrees of flexion, 20 degrees of extension, and 20 degrees of right side bending and 20 degrees of left side bending. The re-evaluation after 24 sessions of work conditioning indicated the patient had 85 degrees in flexion, 30 degrees in extension, and 30 degrees in bilateral side bending. The documentation of 10/16/2013 with the 24th visit revealed the patient was indicating they felt they were ready to return to work. The patient's thoracic spine examination was noted to include tenderness to palpation and decreased range of motion. There was an additional request for work conditioning 2 times 6 on 10/30/2013. The patient's diagnoses were noted to be thoracic sprain, lumbar sprain, lumbosacral and thoracic radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of work conditioning for the thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Page(s): 124.

Decision rationale: California MTUS Guidelines indicate that work conditioning is limited to 10 visits over 8 weeks. The patient's initial examination of the lumbar spine revealed that they had 40 degrees of flexion, 20 degrees of extension, and 20 degrees of right side bending and 20 degrees of left side bending. The re-evaluation after 24 sessions of work conditioning indicated the patient had 85 degrees in flexion, 30 degrees in extension, and 30 degrees in bilateral side bending. The documentation of 10/16/2013 with the 24th visit revealed the patient was indicating they felt they were ready to return to work. The patient's thoracic spine examination was noted to include tenderness to palpation and decreased range of motion. There was a lack of documentation indicating a necessity for 12 additional sessions and there was a lack of documentation indicating the patient had functional deficits to support ongoing therapy. Given the above, the request for 12 visits of work conditioning for the thoracic and lumbar spine is not medically necessary.