

Case Number:	CM13-0066769		
Date Assigned:	01/08/2014	Date of Injury:	10/20/2012
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 29-year-old male who reported an injury on 10/20/2012. The mechanism of injury involved repetitive bending and stooping. Current diagnoses include lumbar sprain and sacroiliac sprain. The injured worker was evaluated on 11/20/2013. The injured worker has been previously treated with physical therapy, chiropractic care, and a home exercise program. The injured worker reported left-sided low back pain with radiation to the left lower extremity. Physical examination revealed near full range of motion of the lumbar spine, tenderness to palpation with spasm, and tenderness over the sacroiliac joint on the left. Treatment recommendations at that time included authorization for a [REDACTED] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY FOUR (24) VISITS IN TRACK I REHAB ONE PROGRAM ([REDACTED] PROGRAM) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: California MTUS Guidelines state work conditioning and work hardening is recommended as an option. There should be documentation of an adequate trial of physical or occupational therapy with improvement followed by a plateau. There should also be evidence of a defined return to work goal. California MTUS Guidelines utilize ODG physical medicine guidelines for work conditioning, which allow for 10 visits over 8 weeks. The current request for 24 sessions of a rehabilitation program exceeds guideline recommendations. There was also no evidence of an improvement with physical therapy followed by a plateau. The injured worker has returned to work and is compliant with a home exercise program. There is no documentation of secondary or complicating issues preventing recovery or a specific indication for this type of program. The injured worker's physical examination revealed near full range of motion of the lumbar spine with only tenderness to palpation. Based on the clinical information received, the request is non-certified.