MAXIMUS Federal Services

Case Number:	CM13-0069751		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2012
Decision Date:	04/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation, 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 patient is a 25-year-old male who reported an injury on 08/16/2012 due to a fall from a ladder. The patient's treatment history included chiropractic care, physical therapy, and medications. The patient's most recent clinical documentation dated 01/10/2014 documented that the patient had tenderness to palpation along the lumbar paraspinal musculature from the L1 to the S1 and tenderness to palpation of the right sacroiliac joint with restricted range of motion secondary to pain. It was noted that the patient was attending a work-hardening program that was not significantly helpful. The patient's diagnoses included low back pain, lumbar discogenic pain, and L4-5 and L5-S1 discogenic protrusions. The patient's treatment plan included a refill of medications, additional work hardening treatments, and neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF WORK CONDITIONING FOR THE LUMBAR SPINE AND LEFT LEG: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend a work-hardening program for patients who have exhausted all other lower levels of conservative treatment and are not candidates for surgical intervention. The clinical documentation submitted for review does not provide any evidence that the patient has exhausted all lower levels of conservative treatment. Additionally, the patient's most recent clinical evaluation includes a referral to a neurosurgeon for the lumbar spine. Therefore, appropriateness of this patient as a surgical candidate cannot be excluded. Additionally, the vagueness of the request does not specifically identify the body part that the requested outpatient work-hardening program/conditioning program would be appropriate for. As such, the requested 12 work hardening/conditioning sessions are not medically necessary and appropriate.