

Case Number:	CM13-0072326		
Date Assigned:	01/08/2014	Date of Injury:	02/03/2011
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 34 year old male with date of injury reported as 02/03/2011. The injury reportedly occurred while the worker was performing his duties as a truck mechanic. In 2011 the injured worker obtained an MRI of the lower back, and received physical therapy 3 times a week for 12 weeks. On the lumbar spine exam dated 06/28/2012 the injured workers range of motion was recorded as flexion at 35 degrees and extension at 20 degrees. According to the progress note dated 12/3/2013 the injured worker complained of constant lumbar spine pain, rated 7/10. The injured workers diagnoses included low back pain, lumbar degenerative disc disease, anterolisthesis, at L5-S1 and sciatica. The injured workers medication regimen included Vicodin as needed and Omeprazole. The request for authorization for Work Conditioning 2 Times a Week Times 6 Weeks for the Lumbar Spine was submitted on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 2 TIMES A WEEK TIMES 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,125.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the work conditioning program is useful when a specific defined return to work goal or job plan has been established and documented. The work goal to which the employee should return must have demands that exceed the injured workers current abilities. There is a lack of clinical documentation regarding the functional deficits and the goals for the injured worker to reach so that he could return to work. In addition the Chronic Pain Medical Treatment Guidelines work conditioning is recommended at 10 visits over 8 weeks. As the request is for a total of 12 visits, this request exceeded the recommended guidelines. Therefore, the request for work conditioning 2 times a week times 6 weeks for the lumbar spine is not medically necessary.