

Case Number:	CM14-0000994		
Date Assigned:	04/23/2014	Date of Injury:	12/11/2009
Decision Date:	08/08/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	01/03/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 59-year-old male was reportedly injured on December 11, 2009. The mechanism of injury was noted as lifting a platform plate on the back of a truck. The most recent progress note, dated November 4, 2013, indicated that there were ongoing complaints of low back pain. The injured employee was stated to have reduced his medication usage. Current medications include Celebrex, Lidoderm patches, Flector patches, Norco, Zanaflex, docusate sodium, amlodipine and lisinopril. The physical examination demonstrated decreased lumbar spine range of motion and left lower extremity weakness. Diagnostic imaging studies reported broad-based disc bulges at L2-L3 and L4-L5. Nerve conduction studies have demonstrated right L5 versus S1 nerve root irritation. Previous treatment included epidural steroid injections, lumbar medial branch blocks, chiropractic care, therapeutic massage, and physical therapy. A request had been made for 10 sessions of a work conditioning program and was not certified in the pre-authorization process on November 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF A WORK CONDITIONING PROGRAM: 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: According to the Chronic Pain Medical Treatment Guidelines, the criteria for enrollment in any work conditioning/work hardening program includes a defined return to work goal agreed upon by the employer and employee, the injured employee must be within two years of the date of injury, and there should be no readmission to a similar rehabilitation program. The attached medical record did not contain any recent documentation that the injured employee has an agreed-upon work goal, and it has been over four and half years since the stated date of injury. Furthermore, the injured employee has participated in a previous functional restoration program in 2011. For these multiple reasons, this request for 10 sessions of a work conditioning program is not medically necessary.