

Case Number:	CM14-0006246		
Date Assigned:	03/03/2014	Date of Injury:	06/12/2011
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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:

This is a 40-year-old male with a 1/9/14 date of injury. He is status post left L4-S1 decompression and laminectomy in 2012. The patient was seen on 11/4/13 and had undergone a lumbar epidural 2 weeks prior to that which gave him 4 days relief. The patient complained of left hip pain. He was seen again on 12/12/13 as his back pain was not improving. Based on the exam findings, there is decreased motor strength at the left extensor hallucis longus and quadriceps, pain on movement with regard to the L spine, and difficult with heel toe walking. It is noted that on 12/3/13 a request for another epidural as well as a work hardening program was made. It is also noted that the patient's physicians felt that the patient would benefit from another epidural but this was denied several times.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING/CONDITIONING FOR LUMBAR SPINE FOR 12 SESSION 2 TIMES 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) criteria for work hardening program participation include a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; surgery or other treatments would not clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities; ability to benefit from the program; no more than 2 years past date of injury; treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. There are no physical therapy notes available for review, in addition the patient's physicians felt that an epidural would be beneficial but this was denied. The patient has not yet exhausted his treatment modalities. In addition, there is no specific plan with regard to returning to work. Therefore, the requested treatment is not medically necessary.