

Case Number:	CM14-0009318		
Date Assigned:	02/14/2014	Date of Injury:	02/02/2006
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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:

The patient is a 58-year-old male who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of 02/02/2006. Medical records from 2011 to 2014 were reviewed and showed that patient complained of low back pain, bilateral knee pain, lower leg weakness, and bladder control difficulties. Physical examination showed that lumbar spine range of motion was limited to pain. Straight leg raise test was positive bilaterally. Motor testing showed weakness of the bilateral lower extremities. Sensation was intact. Treatment to date has included medications, chiropractic therapy, acupuncture, weight loss program, physical therapy, and L3 laminectomy with L2 through L4 pedicle screw placement (October 2010). Utilization review, dated 01/13/2014, denied the request for work hardening program because the patient is a candidate for spinal cord stimulator, and because there was no description of which job duties the patient is precluded from doing due to deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING SESSIONS #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

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

Decision rationale: As stated on page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work hardening is recommended as an option for chronic pain. Criteria for a work hardening program (WHP) include a functional capacity evaluation showing consistent results with maximal effort; an adequate trial of physical or occupational therapy with improvement followed by plateau; not a candidate where surgery or other treatments would clearly be warranted to improve function; and a defined return to work goal agreed to by the employer & employee. WHPs should be completed in 4 weeks consecutively or less. Guidelines also state that the worker must be no more than 2 years past date of injury. In this case, the patient complained of low back pain, bilateral knee pain, lower leg weakness, and bladder control difficulties despite medications, surgery, and physical therapy. However, the medical records submitted for review do not include a functional capacity evaluation report, and a return to work agreement between the employer and employee. Furthermore, even though the patient is working full-time, his job description including what duties the patient can no longer perform due to deconditioning was not provided. Lastly, the present request as submitted failed to specify the frequency and duration of the requested WHP. Therefore, the request for Work Hardening Sessions #12 is not medically necessary.