

Case Number:	CM14-0102600		
Date Assigned:	09/16/2014	Date of Injury:	06/09/2009
Decision Date:	11/12/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Licensed in Chiropractic, has a subspecialty in Acupuncture 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 49-year-old male with a date of injury of 06/09 /2009. According to the progress report dated 5/19/2014, the patient complained of the pant severe dull, achy, sharp, and throbbing low back pain. Standing, walking, driving, and bending aggravated the pain. There was a complaint of loss of sleep due to the pain. Significant objective findings include limited range of motion decreased and painful, trigger points in the paraspinal muscles of the lumbar spine, Kemp's test produced pain bilaterally, and straight leg raise test was positive on the left

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Lumbar Spine 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Medicine-work conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The provider's request for 12 work conditioning session for the lumbar spine is not medically necessary at this time. The patient did not meet the guidelines for work hardening. There was no documentation of defined return to work goal agreed by the employer

and employee in the submitted documentation. Also the guideline states that the worker must be no more than 2 years past the date of injury. The patient was injured in 2009. In addition the guideline recommends 10 sessions, the provider's request exceeds the guidelines recommendation. Therefore, based on the above discussion, the provider's request for work condition is not medically necessary