

Case Number:	CM14-0010675		
Date Assigned:	02/21/2014	Date of Injury:	09/27/2012
Decision Date:	06/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 54-year-old male who has submitted a claim for Acute Low Back Pain and Lumbar Radiculopathy, associated with an industrial injury date of August 27, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of back pain. On physical examination, gait was normal. Lumbar range of motion was limited with no subluxation noted. Straight leg raising test was negative bilaterally. No sensorimotor deficits were reported. Treatment to date has included medication, anterior lumbar interbody fusion of L5-S1, post-operative physical therapy, and 6 sessions of work conditioning. Utilization review from January 20, 2014 modified the request for work conditioning lumbar spine QTY: 12.00 to work conditioning lumbar spine QTY: 6.00 because guidelines state that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains. Utilization review from March 3, 2014 partially certified an additional 4 sessions of work conditioning for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING LUMBAR SPINE QUANTITY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

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

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; a defined return to work goal; and the program should be completed in 4 weeks. In this case, work conditioning for lumbar spine was requested in order to get the patient back to work. The medical records showed that the patient already completed 6 sessions of work conditioning and that he may return to modified duties as of February 24, 2014; thus, return-to-work goal was already achieved. Furthermore, an additional 4 sessions have been certified. Thus, approval of the present request for 12 sessions of work conditioning would exceed the recommended duration of treatment completion, which is 4 weeks. Therefore, the request for Work Conditioning Lumbar Spine quantity 12 is not medically necessary.