

Case Number:	CM14-0013688		
Date Assigned:	06/11/2014	Date of Injury:	04/09/2013
Decision Date:	07/14/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery, and is licensed to practice in New York and Texas. 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 injured worker is a 59 year old male who reported an injury to his low back. The clinical note dated 11/14/13 indicates the injured worker able to demonstrate 10 degrees of extension, 80 degrees of flexion, and 20 degrees of bilateral rotation. The patient was also able to demonstrate 5/5 strength throughout the lower extremities. The clinical note dated 12/13/13 indicates the injured worker complaining of numbness and tingling in both feet. The injured worker rated his low back pain as 3-5/10. The note does indicate the injured worker utilizing Anaprox as well as topical creams for pain relief. Upon exam, the injured worker was identified as having positive facet loading maneuvers bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, WORK CONDITIONING, WORK HARDENING.

Decision rationale: The request for work hardening 3 x a week x 4 weeks for the lumbar spine is not medically necessary. The documentation indicates the injured worker complaining of low back pain with associated range of motion deficits. Inclusion into a work hardening program is indicated for injured workers who have been identified as having a significant mismatch in their physical demand level in comparison to the injured worker's occupational physical demand level. No information was submitted regarding the injured worker's completion of a functional capacity evaluation indicating a mismatch in the physical demand level. Additionally, no information was submitted regarding the injured worker's need for multi-disciplinary treatments as no information was submitted confirming the injured worker's psychological status indicating fear avoidance, depressive, or anxiety complaints. Furthermore, no information was submitted regarding the injured worker's completion of any conservative treatments addressing the low back complaints. Given these factors, this request is not indicated as medically necessary.