

Case Number:	CM14-0016220		
Date Assigned:	03/05/2014	Date of Injury:	01/21/2011
Decision Date:	04/14/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, has a subspecialty in Pain 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 Physician 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 30 yr. old male claimant sustained a work injury on 1/21/11 resulting in back and left foot pain. He had a diagnosis of a lumbosacral strain and radiculitis. An MRI on 4/3/13 showed L4-L5 disc protrusion and minimal canal stenosis. He had failed to improve with therapy, TENS, Naprosyn, Tramadol and Butrans patches. He subsequently had a disc fusion in June 2013. Post-operatively he received 6 therapy sessions. A progress note on 11/23/13 indicated the claimant barely has pain but when he does he takes oral analgesics. A neurological report on 12/5/13 did not show any gross motor or sensory deficits. He was recommended to do therapy to overcome pain and fear of return to work. An exam note on 1/6/14 noted that the claimant was fearful of activities but can carry his 28lb child. A request was made on 1/23/14 for 12/physical therapy /work hardening treatment sessions to improve both mental and physical encouragement to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 PHYSICAL THERAPY/WORK HARDENING VISITS: 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 Section Work Hardening Page(s): 125.

Decision rationale: Work Hardening is recommended as an option, depending on the availability of quality programs. The criteria for admission to a Work Hardening Program are: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE (Functional Capacity Evaluation) may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) 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. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) 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. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. In this case, the employee had more of a mental fear than a physical limitation. In addition, it has been more than 2 years since the injury. Furthermore, the employee had already undergone numerous sessions of therapy. Additional therapy through a work hardening program is not medically necessary.