

Case Number:	CM14-0113757		
Date Assigned:	08/01/2014	Date of Injury:	12/24/2012
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 46 year old male whose date of injury is 12/24/12. He reportedly was restraining a patient and moving the patient to a gurney when he bent forward at the waist and felt a painful crack in the low back. Treatment to date includes a short course of chiropractic therapy, lumbar magnetic resonance image scans, rehabilitation sessions, bracing and medication management. Functional capacity evaluation indicates that current physical demand level (PDL) is medium and required PDL is medium. The strength activity levels per the functional capacity evaluation are considered full duty capable. However, he demonstrated deficiencies in positional tolerances and movement patterns that do not allow him to safely and sustainably perform the full duty requirement of his job as a police officer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Work Conditioning Qty: 10 to restore his cardiovascular and musculoskeletal function, enhance his physical capacity to return to work.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - WORK CONDITIONING.

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

Decision rationale: Based on the clinical information provided, the request for work conditioning qty 10 to restore his cardiovascular and musculoskeletal function, enhance his physical capacity to return to work is not recommended as medically necessary. The submitted record consists of the prior utilization review and a letter of appeal dated 08/06/14. The injured worker underwent a functional capacity evaluation; however, this report is not submitted for review. There are no serial physical therapy records submitted for review documenting the number of sessions completed to date and the injured worker's response thereto. Therefore, the request is not in accordance with California Medical Treatment Utilization Schedule guidelines, and medical necessity is not established.