

Case Number:	CM14-0125606		
Date Assigned:	08/11/2014	Date of Injury:	01/01/2013
Decision Date:	09/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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 Medicine and is licensed to practice in Nevada & 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 injured worker is a 52 year old male who sustained an injury to his low back on 01/01/13 due to cumulative trauma while performing his usual and customary duties as a police officer. MRI of the lumbar spine dated 04/09/13 revealed small non-displaced fracture at the anterior superior end plate of L3 with a moderate bone marrow edema pattern; no ligamentous or injury of the posterior column; curvature convex to the left with developmental central canal stenosis; mild multi-level degenerative changes most pronounced at L4-5 where there is a central disc protrusion contributing to overall mild to moderate central canal stenosis; EMG/NCS of the bilateral lower extremities revealed mild right L5 sensory nerve root dysfunction; normal bilateral L3, L4, and S1 responses; no EMG evidence of bilateral lumbosacral radiculopathy with active or chronic denervation; no evidence of peripheral neuropathy. The clinical note dated 07/01/14 reported that the injured worker remains symptomatic with low back pain that increases while wearing his duty belt. Physical examination noted bilateral lower extremity strength 5/5; sensation intact to pin prick throughout; straight leg raise negative bilaterally seated at 90 degrees; tenderness over the bilateral L5-S1 facets to palpation. The injured worker was diagnosed with lumbosacral strain, mild central disc bulging at L4-5, small central herniation at L5-S1, and mild right L5 sensory dysfunction. The injured worker was recommended for a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy work hardening program x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a work hardening program Page(s): 125.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Work conditioning, work hardening.

Decision rationale: The previous request was partially certified for 1 physical therapy visit per week times 2 weeks to review and reinforce independent exercises. There was no information provided that would indicate the injured worker has completed a regimen of work conditioning. The ODG states that 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 improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress. After reviewing the clinical documentation provided for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for physical therapy work hardening program times 12 visits is not medically necessary.