

Case Number:	CM14-0126578		
Date Assigned:	08/13/2014	Date of Injury:	11/19/2012
Decision Date:	09/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old male was reportedly injured on 11/19/2012. The mechanism of injury is noted as moving a garbage can. The most recent progress note dated 7/15/2014, indicates that there are ongoing complaints of neck and low back pain. Physical examination demonstrated slow non-antalgic gait without assistance device; full strength in upper/lower extremities; negative Spurling's maneuver; negative straight leg raise bilaterally; sensation intact in lower extremities. No recent diagnostic imaging studies. Diagnosis: chronic pain, spondylosis and shoulder impingement. Previous treatment includes a chiropractic care, functional restoration program, home exercises and medications to include Trazodone, Naproxen, Cyclobenzaprine and topical analgesics. A request had been made for Work Hardening Program at SPARC #8 and was not certified in the utilization review on 7/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening at SPARC #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS guidelines support work conditioning and hardening programs in select patients who have a work related musculoskeletal condition with functional limitations precluding ability to safely achieve a physically demanding job, after treatment with physical or occupational therapy with improvement followed by a plateau. Upon completion of a work hardening, conditioning or outpatient rehabilitation program, neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same injury. Review of the available medical records, documents the claimant has attended a functional restoration program in May 2014. As such, this request is not considered medically necessary.