

Case Number:	CM14-0128805		
Date Assigned:	08/18/2014	Date of Injury:	05/04/2013
Decision Date:	09/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/13/2014

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 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:

According to the records made available for review, this is a 56-year-old male with a 5/4/13 date of injury. At the time (7/25/14) of request for authorization for Work hardening program for the hip/low back/neck Qty:1.00, there is documentation of subjective (neck and back pain radiating to the left leg) and objective (antalgic gait, restricted lumbar spine range of motion, spasms and tenderness over the lumbar spine, 4/5 motor strength over the right EHL(Extensor Hallucis Longus) findings, current diagnoses (lumbar radiculopathy, lumbar degenerative disc disease, and low back pain), and treatment to date (functional restoration program, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, physical therapy treatments that have been helpful in increasing the range of motion and decreasing pain, and medications). Medical report identifies that the request for work hardening program is to increase the patient's strength and ability to work so that he can return to work. In addition, medical reports identify that the patient is not able to walk up and down stairs at a frequency required for the work place. There is no (clear) documentation of 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; that patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; a defined return to work goal agreed to by the employer & employee; and no more than 2 years past the date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program for the hip/low back/neck Qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Physical Medicine.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of 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); 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; not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work hardening program. In addition, MTUS identifies that work hardening programs should be completed in 4 weeks consecutively or less; and 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. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar degenerative disc disease, and low back pain. In addition, there is documentation of that the patient is not able to walk up and down stairs at a frequency required for the work place and a request for work hardening program to increase the patient's strength and ability to work so that he can return to work. However, given documentation of previous physical therapy treatments that have been helpful in increasing the range of motion and decreasing pain, there is no (clear) documentation of 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. In addition, there is no documentation that patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; a defined return to work goal agreed to by the employer & employee; and no more than 2 years past the date of injury. Therefore, based on guidelines and a review of the evidence, the request for Work hardening program for the hip/low back/neck Qty: 1.00 is not medically necessary.