

Case Number:	CM14-0133711		
Date Assigned:	08/25/2014	Date of Injury:	11/11/2011
Decision Date:	09/26/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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 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 30-year-old male with an 11/11/11 date of injury. At the time (7/23/14) of request for authorization for Work Hardening for The Lumbar Spine (64 Hours-8 Visits), there is documentation of subjective (moderate low back pain that radiates to his hips, improved leg pains with additional physical therapy, some right anterior knee pain, and feels deep aching and more pain when kneeling) and objective (lumbar range of motion restricted with near full but guarded, spinous process tenderness noted on L4 and L5, lumbar facet loading positive on right side, straight leg raising test positive on right side in supine position at 70 degrees, ankle dorsiflexors 5/5 bilaterally, ankle plantar flexors -5/5 on right, extensor hallucis longus 4+/5 on right and 5/5 on left, and light touch sensation diminished in right lower limb over L5 dermatomal distribution) findings, current diagnoses (lumbar radiculopathy, lumbar disc disorder, chronic pain, right lower limb weakness second to likely nerve root impingement, and spasm of muscle), and treatment to date (physical therapy, home exercise program, and medications (including ongoing treatment with Zanaflex and Voltaren)). Medical report identifies patient has improved back and leg pains with physical therapy, is not able to repetitively lift more than 25 pounds and needs to be able to lift about 35 pounds repetitively for full duty, has pain with bending, and recommends move to work hardening over more physical therapy at this time to transition him to full duty work. There is no documentation that patient is 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; 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 for The Lumbar Spine (64 Hours-8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Work conditioning, work hardening.

Decision rationale: California Medical treatment Utilization Schedule (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, California (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. Official Disability Guidelines (ODG) work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc disorder, chronic pain, right lower limb weakness second to likely nerve root impingement, and spasm of muscle. In addition, given documentation that patient is not able to repetitively lift more than 25 pounds and needs to be able to lift about 35 pounds repetitively for full duty, has pain with bending, there is 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. Furthermore, there is documentation of previous physical therapy. However, there is no documentation that patient is 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.

Therefore, based on guidelines and a review of the evidence, the request for Work Hardening for The Lumbar Spine (64 Hours-8 Visits) is not medically necessary.