

Case Number:	CM14-0136314		
Date Assigned:	09/05/2014	Date of Injury:	09/30/2013
Decision Date:	10/02/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 34-year-old male with a date of injury of 09/03/2013. The listed diagnoses per [REDACTED] are: 1. Closed fracture of lumbar vertebrae. 2. Lumbar disk displacement with myelopathy. 3. Thoracic disk displacement without myelopathy. 4. Sciatica. 5. Left hip sprain/strain. According to progress report 07/16/2014, the patient continues with low back pain, occasional slight pain in the rib cage, and occasional minimal aching pain in the left leg. Examination of the lumbar spine revealed +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to L5. Range of motion was decreased. Kemp's test and straight leg raise tests were both positive. Examination of the hips revealed +1 spasm and tenderness to the left tensor fasciae latae muscle and gluteus medius muscle. FABERE test was positive on the left. Treater is requesting authorization for 10 work hardening sessions and x-ray of bilateral hips. Utilization Review denied the requests on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Work Hardening/Conditioning: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: This patient presents with low back, left leg, hip and rib cage pain. The treater is recommending 10 work hardening/conditioning sessions to increase patient's work capacity, increase activities of daily living, decrease work restrictions, and decrease the need for medication. MTUS Guidelines page 125 recommends work hardening program as an option and requires specific criteria to be met for admission including work-related musculoskeletal condition with functional limitations, trial of physical therapy with improvement followed by plateau, nonsurgical candidate, defined return to work goal agreed by employer and employee, etc. A defined return to work goal is described as, (a) a documented specific job to return to with job demands that exceeds abilities, or (b) documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, a screening process prior to consideration has not taken place. The treater does not mention that the patient has a job to return to either. Recommendation is for denial.

1 X-ray of the Bilateral Hips; Left Side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) X-Ray

Decision rationale: This patient presents with low back, left leg, hip and rib cage pain. Treater is requesting an x-ray of the hips. The ACOEM and MTUS Guidelines do not discuss x-rays for the hip. ODG Guidelines has the following under its hip/pelvis chapter. X-rays are recommended. Plain radiographs (x-rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with high risk of development of hip osteoarthritis. Medical file indicates the patient has a left hip sprain, but there is no severe injury or indication the patient is at high risk for hip osteoarthritis. Recommendation is for denial.

1 X-ray of the Bilateral Hips; Right Side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) X-Ray

Decision rationale: This patient presents with low back, left leg, hip and rib cage pain. Treater is requesting an x-ray of the hips. The ACOEM and MTUS Guidelines do not discuss x-rays for the hip. ODG Guidelines has the following under its hip/pelvis chapter. X-rays are

recommended. Plain radiographs (x-rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with high risk of development of hip osteoarthritis. Medical file indicates the patient has a left hip sprain, but there is no severe injury or indication the patient is at high risk for hip osteoarthritis. Recommendation is for denial.