

Case Number:	CM14-0022269		
Date Assigned:	06/11/2014	Date of Injury:	04/09/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Texas. 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 59 year old male whose date of injury is 04/09/13. The mechanism of injury is described as lifting. The treatment to date includes fifteen sessions of physical therapy and fourteen chiropractic treatment visits. The injured worker has a history of L4-5 or L5-S1 discectomy around 1980. Functional capacity evaluation dated 01/09/14 indicates that current physical demand level is heavy. Agreed medical evaluation dated 02/13/14 indicates that physical therapy and chiropractic care have not been of significant benefit. Diagnoses are thoracolumbar strain/sprain, rule out lumbar spondylosis, rule out thoracolumbar disc rupture, and status post right lumbar laminectomy. The injured worker was determined to have reached maximum medical improvement as of this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING PROGRAM IN TREATMENT OF THE LUMBAR SPINE, 3 VISITS PER WEEK FOR 2 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 156.

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

Decision rationale: Based on the clinical information provided, the request for work hardening program 3 visits per week for 2 weeks is not recommended as medically necessary. There is no indication that the injured worker has undergone a pre-program mental health evaluation as required by California MTUS guidelines to establish baseline levels of functioning as well as assess the injured worker's appropriateness for the program. There is no specific, defined return to work goal provided.