

Case Number:	CM14-0027882		
Date Assigned:	06/13/2014	Date of Injury:	11/19/2012
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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 and is licensed to practice in Maryland. 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 47 year old female with a date of low back work injury of 11/19/12. The patient is status post lumbar surgery on July 23, 2013 which involved extreme lateral fusion L4-5 with bone morphogenetic protein and posterior fusion and pedicle screw instrumentation L4-5. She also has a diagnosis of spondylolisthesis. Under consideration is a request for work conditioning. A 2/13/14 document states that the patient complains of low back pain. On exam the patient can walk without difficulty. The range of motion is normal. No subluxation is noted on flexion/extension of the spine. Paraspinal muscles are moderately tender to palpation. The bilateral hip and knee flexors are 5/5 in strength. Dorsiflexion is 5- bilaterally. EHL strength is 4+ bilaterally. Eversion is 5m bilaterally. Sensation and reflexes are intact in the BLE. Hip range of motion is bilaterally normal. The treatment plan states that the patient is not taking pain medications, but was taking Neurontin before surgery. She has done her PT for 24 sessions. There is a request some work conditioning to get her back to her full work. The patient is temporarily totally disabled. A 3/31/14 office visit states that she is doing her work now; she has gotten some paresthesias in the S1 distribution at times. She feels she can do her work. She is taking no medications now and was taking meds before surgery; overall she is much improved. There is a 4/28/14 document that states that the patient is working 5 hours modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 3X4: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that 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. The ODG recommends up to 10 visits of work hardening/conditioning. The MTUS Chronic Pain Guidelines also states that there should be a defined return to work goal agreed to by the employer & employee with (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. The request as written exceeds the recommended number of visits of work conditioning. Additionally there is no evidence of a documented return to work goal agreed to by the employer and employee. The request for work conditioning 3 x 4 is not medically necessary.