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| Case Number: | CM14-0032021 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 06/29/2012 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 23-year-old male who reported an injury on 06/29/2012. The mechanism of injury was the injured worker was lifting a heavy tarp weighing approximately 200 pounds containing debris of landscaping and felt a sudden pain in his low back. Prior treatments included injections, physical therapy, and acupuncture. The diagnoses included lumbosacral sprain/strain, lumbosacral myofascial pain syndrome, and lumbosacral disc injury. The request per the application for independent medical review was work hardening for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program times (12) sessions: 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 rationale: The California MTUS Guidelines recommend work hardening. The criteria for admission into a work hardening program include: there should be documentation of a work-related musculoskeletal condition with functional limitations precluding the ability to safely

achieve the current job demands, which are at a medium or higher demand level. A Functional Capacity Evaluation may be required, showing consistent results with maximum effort demonstrating capacities below an employer-verified physical demands analysis. Additionally, treatment is not supported for longer than 1 to 2 weeks without evidence of injured worker compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The clinical documentation submitted for review failed to provide documentation of a DWC Form RFA or PR-2 to support the request. The request as submitted failed to indicate the body part to be treated with the work hardening program. Given the above, the request for a work hardening program times 12 sessions is not medically necessary.