

Case Number:	CM14-0034202		
Date Assigned:	06/20/2014	Date of Injury:	12/28/2012
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 12/28/2012 date of injury. He has been diagnosed with lumbar strain with myofascial pain; left far lateral L4/5 protrusion with mass effect upon the left L4 nerve root; mild chronic degenerative disc disease (DDD) L3/4 through L5/S1, without obvious clinical radicular symptoms. According to the 1/21/14 physiatrist report the patient presents with 3/10 low back pain, and was recommended for work hardening 3x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 3Wks Low back, Qty: 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, page(s) 98-99 Page(s): 98-99.

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

Decision rationale: According to the report from [REDACTED], the "PT" was for work hardening, so the MTUS guidelines for work-hardening were applied. The available reports do not mention with patient's job demands as a stocker for CVS, nor do they discuss his current functional capacity. According to MTUS, the first criteria for the work hardening program is that

the patient have a "work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level" Without a description of the current job demands or discussion of the patient's functional limitation, the request for a work hardening program cannot be verified to be in accordance with the first item in the MTUS criteria for a work-hardening program. Therefore the request is not medically necessary.