

Case Number:	CM14-0035892		
Date Assigned:	06/23/2014	Date of Injury:	01/07/2012
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological Surgery 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 injured worker is a 48-year-old gentleman who was reportedly injured on January 7, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 26, 2014, indicates that there are ongoing complaints of low back pain with episodes of flares and right knee pain. The injured employee had an L5 - S1 decompression and fusion performed on October 16, 2012. On December 20, 2013, the injured employee was moving a flat screen TV and had a sudden increase in his low back pain. The physical examination demonstrated tenderness across the lower back and a normal lower extremity neurological examination diagnostic imaging studies objectified hardware at L5 - S1 with good alignment and position. A computed tomography (CT) scan of the lumbar spine dated October 18, 2013, notes the presence of the anterior discectomy and fusion which was stated to be solid. Previous treatment includes an L5 - S1 decompression and fusion. A request had been made for a work hardening program and a bone stimulator and was not certified in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening program (x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Fitness for Duty chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Work conditioning/work hardening, Updated July 3, 2014.

Decision rationale: In order to justify participation in any work conditioning/work hardening program a previous functional capacity evaluation should be completed. There should also be an assessment regarding potential job demands of the injured employee. This information has not been completed and supplied in the attached medical record. This request for work conditioning/work hardening is not medically necessary.

Durable medical equipment (DME) bone stimulator: 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) http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Bone growth stimulator, Updated July 3, 2014.

Decision rationale: In order to justify participation in any work conditioning/work hardening program a previous functional capacity evaluation should be completed. There should also be an assessment regarding potential job demands of the injured employee. This information has not been completed and supplied in the attached medical record. This request for work conditioning/work hardening is not medically necessary.