

Case Number:	CM14-0042335		
Date Assigned:	06/30/2014	Date of Injury:	02/04/2013
Decision Date:	07/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Interventional Spine 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 44 year old with an injury date on 2/4/13. Based on the 3/11/14 progress report diagnoses are: 1. Low back pain. 2. Degenerative disc disease of lumbosacral spine. 3. MRI is positive for degenerative changes most pronounced at LS-S1 where there is a mild bilateral foraminal stenosis. The txam on 3/11/14 showed normal lordosis. Gait is functional. Tenderness to palpation in lumbosacral spine and paraspinal muscle from L3-S1. Left is more than right. Tenderness in the left piriformis muscle. Range of motion is limited. Flexion is 60 degrees and extension is 20 degrees. Straight leg raise test is negative. The physician is requesting a work hardening program. The utilization review determination being challenged is dated 3/26/14. The requesting provider, and he provided treatment reports from 1/14/14to 6/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program: 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) Capabilities & Activity Modification for Restricted Work.

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

Decision rationale: This patient presents with lower back pain. The treater has asked for a work hardening program on 3/11/14. Patient was evaluated for a functional restoration program and was approved as high functioning per 3/11/14 report. Regarding work hardening, MTUS recommends if patient's musculoskeletal condition precludes ability to achieve job demands (not sedentary work), if patient has not plateaued after trial of physical/occupational therapy, is not a candidate for surgery, if physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week, a defined return to work goal agreed to by the employer & employee, is no more than 2 years past date of injury, if work hardening programs is to be completed in 4 weeks consecutively or less, and patient has not completed prior work hardening program. In this case, there is no discussion regarding a job that the patient is able to return to, no discussion regarding the patient's ability to tolerate 4 hours of participation a day, etc. Requested work hardening program is not indicated for this patient's condition. Recommendation is for denial.