

Case Number:	CM14-0042546		
Date Assigned:	06/30/2014	Date of Injury:	03/23/2011
Decision Date:	08/21/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 37 year old female who reported an injury to her lumbar spine. The injured worker stated the initial injury occurred in 2002 when she injured her low back while transferring a resident to a wheelchair. The injured worker previously underwent six visits of work hardening program and 12 sessions of a customized progressive rehab program. A clinical note dated 06/13/14 indicated the injured worker complaining of low back pain. The injured worker made significant functional gains including strength, endurance and mobility and function. The injured worker was diligent in utilizing all tools and was compliant throughout the course of treatment. A clinical note dated 06/18/14 indicated the injured worker complaining of low back pain. Low back pain radiated into the right lower extremity. The injured worker utilized Norco and Lyrica for pain relief. Urine drug screen revealed the injured worker being compliant with her prescribed drug regimen. No inconsistencies were identified. A clinical note dated 04/14/14 indicated the injured worker complaining of 9/10 pain. Upon exam tenderness was identified at L5-S1 facets on the right. The qualified medical evaluation on 01/14/14 indicated the injured worker completing 24 sessions of rehab wine program. The injured worker showed some functional improvements including endurance and lifting abilities. The utilization review dated 02/27/14 resulted in denial for 12 additional work hardening sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional part time day sessions of the Work Hardening Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Work conditioning, work hardening.

Decision rationale: The injured worker sustained low back injury while transferring resident to wheelchair. The injured worker underwent course of rehab one program which focused on increasing her functional capabilities. However, no objective data was submitted confirming functional response. It appears the injured worker completed all 24 of the recommended sessions of the rehab one program. Therefore, it appears the request for 12 additional part time sessions of work hardening program would exceed guideline recommendations as total of 20 sessions are recommended in a multidisciplinary program of this nature. Therefore, this request is not fully indicated as medically necessary.