

Case Number:	CM14-0061227		
Date Assigned:	07/09/2014	Date of Injury:	03/08/2011
Decision Date:	10/21/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 42 year-old male was reportedly injured on 3/8/2011. The most recent progress note, dated 3/26/2014, indicates that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: limited range of motion. Positive tenderness to palpation of the paravertebral muscles, spasm and tenderness is noted bilaterally. Spinous process tenderness is noted at L5. Patient can walk on heels, unable to walk on toes. Straight leg raise test is positive on the right sitting position and 50. Motor and sensory exam unremarkable. No recent diagnostic studies were available for review. Previous treatment includes lumbar surgery, medications, and conservative treatment. A request had been made for active rehab 12 part Day sessions, and was not certified in the pre-authorization process on 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active Rehab (Track 1) Program 12 Part-Day Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs); Work Con. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines-Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: MTUS guidelines support Work Conditioning and Hardening Programs in select patients who have a work related musculoskeletal condition with functional limitations precluding ability to safely achieve a physically demanding job, after treatment with physical or occupational therapy with improvement followed by a plateau. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, less than 2 years past the date of injury, and are required to meet selection criteria per MTUS treatment guidelines. Review of the available medical records fails to document that the patient's goal is to return to work. Therefore, this request is deemed not medically necessary.