

Case Number:	CM14-0084046		
Date Assigned:	07/21/2014	Date of Injury:	07/22/2012
Decision Date:	09/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 injured worker is a 48-year-old female who was reportedly injured on July 22, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 7, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities and low back pain radiating to the right leg. The physical examination demonstrated tenderness along the cervical spine and the paravertebral muscles. Examination of the lumbar spine revealed tenderness at the L3 - L5 spinous processes and lumbar spine paravertebral muscles. Lumbar spine spasms were noted and there was a positive Kemp's test. Examination of the bilateral shoulder noted tenderness at the acromioclavicular joint and there was tenderness at the volar aspect of both wrists. Phalen's and Tinel's tests were stated to cause pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes psychotherapy and acupuncture. A request was made for work conditioning and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Work conditioning and Hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 125 of 127.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the criteria for a work conditioning program requires a defined return to work goal agreed upon by the employer worker. Additionally there should be documentation that an adequate trial of physical or occupational therapy has shown improvement followed by plateau. Without evidence of these criteria, this request is not medically necessary.