

Case Number:	CM14-0088806		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2012
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 46 years old male with an injury date on 12/03/2012. Based on the 05/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar Disc Displacement with Myelopathy. 2. Sciatica. According to this report, the patient complains of constant moderate to severe pain of the lumbar spine. The pain is aggravated by bending, reaching and squatting. Numbness is noted in the lower back extending into the left hip. Tenderness is noted at the bilateral lumbar paraspinals muscles from L1 to S1 and the multifidus muscles. Kemp's test and Yeoman's was positive bilaterally. Positive straight leg raise test and Braggard's test was noted on the left. There were no other significant findings noted on this report. The utilization review denied the request on 05/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/01/2013 to 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) visits of work hardening program for the lumbar spine 3 times a week for 2 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

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

Decision rationale: According to the 05/13/2014 report by [REDACTED] this patient presents with constant moderate to severe pain of the lumbar spine. The treater is requesting 6 visits of work hardening program for the lumbar spine but the treating physician's report and request for authorization containing the request is not included in the file. Regarding work hardening, MTUS guidelines page 125 recommend it as an option, depending on the availability of quality programs. One of the criteria for admission to work hardening is that "An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)." Review of the reports show no functional capacity evaluation has been reported that would be used to set and monitor the goals of this program. Furthermore, the treater does not indicate whether or not the patient has a job to return to. Recommendation is for denial.