MAXIMUS Federal Services

Case Number:	CM14-0195168		
Date Assigned:	12/02/2014	Date of Injury:	09/26/2013
Decision Date:	01/16/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 applicant is a represented [redacted] cook who has filed a claim for low back pain reportedly associated with an industrial injury of September 26, 2013. In a Utilization Review Report dated November 7, 2014, the claims administrator denied a request for 12 sessions of work conditioning. The claims administrator stated that its decision was based on an October 8, 2014 progress note and associated RFA form. The applicant was reportedly off of work, on total temporary disability, as of that date, the claims administrator posited. The claims administrator stated that the applicant already had 23 sessions of work conditioning to date. The applicant's attorney subsequently appealed. In a September 23, 2014 medical-legal evaluation, the medical-legal evaluator opined that the applicant should remain off of work, on total temporary disability, owing to primary complaints of low back pain, lumbar radiculopathy and myofascial pain syndrome. It did not appear that the applicant had a job to return to. The applicant was formally employed as janitor and cook, it was stated. In a work status report dated October 1, 2014, the attending provider placed the applicant off of work, on total temporary disability through November 1, 2014. On September 5, 2014, the applicant was, once again, placed off of work, on total temporary disability. Work conditioning program was apparently discussed. The attending provider posited that the applicant had completed 6 to 12 sessions of work conditioning approved through this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve work conditioning sessions for the lumbar spine: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening topic Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work conditioning and/or work hardening includes evidence that an applicant had a defined return to work goal agreed upon by the applicant and employer. In this case, all information on file suggested that the applicant had been off of work for over a year as of the date additional work conditioning was sought. The applicant did not appear to have a job to return to. There is no evidence that a clear return to work goal had been outlined by the attending provider and/or the applicant. It is further noted that the applicant had had unspecified amounts of work conditioning (6 to 12 sessions, per the attending provider and 23 sessions, per the claims administrator) and had, furthermore, failed to demonstrate any improvement through the same. The applicant remained off of work, on total temporary disability. The attending provider referred to the applicant as a qualified injured worker on several occasions, referenced above. The applicant did not seemingly have a job to return to, was not intent on returning to the workplace and/or workforce and remained off of work, on total temporary disability, despite having completed extensive prior work conditioning, all of which, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f with prior treatment. Therefore, the request for additional work conditioning is not medically necessary.