

Case Number:	CM14-0196342		
Date Assigned:	12/03/2014	Date of Injury:	02/11/2013
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
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:

According to the records made available for review, this is a 32-year-old male with a 2/11/13 date of injury. At the time (10/24/14) of request for authorization for initial work conditional sessions #16, there is documentation of subjective (ongoing complaints, feels deconditioned; low back pain rated 4/10, numbness radiating down the legs) and objective (slow guarded gait, tenderness over the midline lumbar spine and left sacroiliac joint, decreased sensation over the left L3 and S1 dermatomes, decreased range of motion, 4+/5 muscle strength in hip flexion and knee flexion) findings, current diagnoses (L5-S1 disc degeneration/annular tear, L5-S1 lateral recess and foraminal stenosis, mild, and intermittent left leg radiculopathy), and treatment to date (activity modification, medications, injections, and physical therapy). There is no documentation of a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work), an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning, and a defined return to work goal agreed to by the employer and employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training).

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial work conditional sessions #16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Work conditioning, work hardening

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; a defined return to work goal agreed to by the employer and employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work conditioning program. ODG work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical information available for review, there is documentation of diagnoses of L5-S1 disc degeneration/annular tear, L5-S1 lateral recess and foraminal stenosis, mild, and intermittent left leg radiculopathy. In addition, there is documentation of no more than 2 years past the date of injury. However, despite documentation that the patient is deconditioned, there is no documentation of a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). In addition, despite documentation of previous physical therapy, there is no documentation of an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. Furthermore, there is no documentation of a defined return to work goal agreed to by the employer and employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training). Lastly, given documentation of a request for initial work conditional sessions #16, the proposed number of visits exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for initial work conditional sessions #16 is not medically necessary.