

Case Number:	CM14-0201353		
Date Assigned:	12/11/2014	Date of Injury:	10/27/2006
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 patient is a 53-year-old male who has submitted a claim for lumbar disc disorder, hypermobility syndrome, and depressive disorder associated with an industrial injury date of 10/27/2006. Medical records from 2014 were reviewed. The patient complained of low back pain associated with spasm. Physical examination of the lumbar spine showed trigger points, limited motion, muscle spasm, and normal sensory exam. The MRI of the lumbar spine, dated 6/22/2014, demonstrated multi-level disc protrusion with bilateral neuroforaminal narrowing encroaching the L3, L4, and L5 nerve roots bilaterally. Treatment to date has included medications. The utilization review from 11/24/2014 denied the request for work conditioning, 2 times a week for 4 weeks, for the lumbar spine because of no evidence that the patient had been trained and actively participated in a self-directed exercise program that subsequently failed to warrant enrollment to a conditioning program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, 2 times a week for 4 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): (s) 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine, Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine, Work Conditioning.

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. ODG Physical Medicine Guidelines recommend 10 visits over 8 weeks for work conditioning. In this case, the patient complained of low back pain associated with spasm. Physical examination of the lumbar spine showed trigger points, limited motion, muscle spasm, and normal sensory exam. The MRI of the lumbar spine, dated 6/22/2014, demonstrated multi-level disc protrusion with bilateral neuroforaminal narrowing encroaching the L3, L4, and L5 nerve roots bilaterally. Treatment to date has included medications. However, there is no documented rationale for a work conditioning program. There is limited information concerning treatments rendered to the patient. The medical necessity cannot be established due to insufficient information. Moreover, the patient had an industrial injury on 10/27/2006, which is beyond the guideline recommendation for work conditioning. Therefore, the request for work conditioning, 2 times a week for 4 weeks, for the lumbar spine is not medically necessary.