

Case Number:	CM14-0209047		
Date Assigned:	12/22/2014	Date of Injury:	05/25/2001
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 20, 2001. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve a productivity enhancement program. The claims administrator noted that the applicant had undergone previous lumbar fusion surgery, epidural steroid injection therapy, a spinal cord stimulator trial, aquatic therapy, and a TENS unit but had failed to respond favorably to the same. The claims administrator stated that the applicant was severely obese, with BMI of 45, and was off of work. The claims administrator interpreted the request for a 'productivity enhancement program' as a work conditioning/work hardening program, it was suggested in one section of its report. In another section of the report, the claims administrator stated that it was interpreting the request as a functional restoration program. The claims administrator referenced an RFA form received on November 21, 2014 along with progress notes of June 16, 2014 and November 20, 2014 in its determination. The applicant's attorney subsequently appealed. In a November 6, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Suboxone, OxyContin, Lyrica, and Zestril. The applicant was severely obese, with a BMI of 45, it was incidentally noted. The applicant was status post lumbar spine surgery. Lumbar medial branch blocks were endorsed. On October 30, 2014, the applicant was using Lyrica, OxyContin, and Zestril, it was incidentally noted. In a progress note dated November 6, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Suboxone, Lyrica, a TENS unit, and a heating pad, it was incidentally noted. Multiple

medications were renewed. On October 2, 2014, the applicant reported severe pain, not entirely ameliorated through ongoing usage of OxyContin, Lyrica, and Norco. The remainder of the file was surveyed. It was not clearly stated what precisely the 'productivity enhancement program' represented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Productivity enhancement program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Work conditioning, work hardening

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

Decision rationale: The request in question appears to represent a request for a work hardening program. However, page 125 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants who are greater than two years removed from the date of injury typically will not benefit from a work hardening program. Here, the applicant is over 10 years removed from the stated date of injury, May 21, 2001. The applicant, thus, is not a good candidate for work enhancement program/functional restoration program/work hardening program. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that one of the cardinal criteria for pursuit of a work hardening is evidence that an applicant has a clearly defined return to work goal agreed upon by both the applicant and employee. In this case, it does not appear that the applicant has a job to return to at Nike, over 10 years removed from the date of injury. Since multiple criteria for pursuit of work hardening program/productivity enhancement program have not been met, the request is not medically necessary.