

Case Number:	CM14-0051280		
Date Assigned:	06/23/2014	Date of Injury:	11/07/2012
Decision Date:	01/26/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

This is a 56 year old female patient who sustained a work related injury on 11/7/2012. Patient sustained the injury due to a slip and falls incident. The current diagnoses include cervical and lumbar spine stenosis and lumbar radiculitis. Per the doctor's note dated 6/3/14, patient has complaints of pain in the cervical spine and lumbosacral spine at 8/10. Physical examination of the cervical region revealed limited range of motion, muscle spasm, decreased muscle strength. Physical examination of the lumbar region revealed tenderness on palpation, pain radiating to thoracic region, negative SLR, limited range of motion, muscle spasm. She has had headaches, dizziness, depression, anxiety, and difficulty in sleeping. The current medication lists include Naproxen, Cyclobenzaprine, Tramadol and Omeprazole. The patient has had MRI of the lumbar and cervical spine that revealed herniated disc protrusions and spinal stenosis; EMG/NCV of the upper extremity on 2/17/14 that revealed severe right carpal tunnel syndrome; EMG/NCV of the lower extremity on 2/27/14 that revealed bilateral chronic active L5 radiculopathy. Any surgical or procedure note related to this injury were not specified in the records provided. She has had a urine drug toxicology report that positive for Sertraline and Norsertaline. The patient has received an unspecified number of the PT, chiropractic and acupuncture visits for this injury.

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 5 weeks for the lumbar spine (10 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program Page(s): 125-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: Per the CA MTUS guidelines cited below, criteria for work conditioning includes:(1) 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 FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) 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.... (5) A defined return to work goal agreed to by the employer & employee:... (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities." A work-related musculoskeletal deficit with the addition of evidence of physical, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. A recent FCE documenting physical demands level was not specified in the records provided. Per the records provided, the patient has received an unspecified number of PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Any such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. Rationale for Work conditioning 2 times a week for 5 weeks for the lumbar spine (10 sessions) was not specified in the records provided. The medical necessity of the request for Work conditioning 2 times a week for 5 weeks for the lumbar spine (10 sessions) is not fully established in this patient.