

Case Number:	CM15-0008456		
Date Assigned:	01/26/2015	Date of Injury:	04/11/2013
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 35-year-old male who reported an injury on 04/11/2013. The injured worker reportedly suffered a low back strain while pulling a ladder off a truck. The current diagnosis is continued improvement in postoperative low back pain. The injured worker was noted to be status post L5-S1 laminotomy and discectomy on 04/20/2013. The injured worker reported persistent low back pain. The injured worker was utilizing Naprosyn. Upon examination, the injured worker was able to rise from a sitting position without difficulty and ambulate well in the room. The injured worker could forward flex the fingertips 6 inches from the floor. The injured worker reported stiffness without pain. Sitting straight leg raise was negative. Recommendations at that time included additional therapy once per week for 6 weeks. A Request for Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening physical therapy 1 x 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: The California MTUS Guidelines recommend work conditioning and work hardening as an option, depending on the availability of quality programs. A Functional Capacity Evaluation should show consistent results with maximal effort. There should be documentation of an adequate trial of physical therapy with improvement followed by a plateau. A defined return to work goal or job plan should be documented. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and significant gains. According to the documentation provided, the injured worker has completed a substantial amount of physical therapy. Upon examination, there was no documentation of a significant musculoskeletal or neurological deficit. The medical necessity for work hardening physical therapy has not been established in this case. Therefore, the request is not medically appropriate at this time.