

Case Number:	CM15-0103875		
Date Assigned:	06/08/2015	Date of Injury:	05/10/2012
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Illinois

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 injured worker is a 43-year-old male who sustained an industrial injury on 5/10/12. The injured worker was diagnosed as having sacroilitis, lumbar disc disorder/myelopathy, and lumbago and sprain lumbar region. Currently, the injured worker was with complaints of lumbar spine discomfort with radiation to the lower extremities. Previous treatments included medication management, home exercise program, and work hardening program. Previous diagnostic studies included a radiographic studies and a magnetic resonance imaging revealing severe facet arthropathy L5/S1 right worse than left, mild neuroforaminal stenosis on right L5 nerve root. The injured workers pain level was noted as 5/10. Physical examination was notable for tenderness to palpation at the facet joint L5-S1, pain with lumbar flexion/extension and pain with right hip flexion. The plan of care was for work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 2 times a week for 6 weeks for the lumbar spine: 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, Work conditioning, work hardening.

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) Pain (Chronic) Work conditioning, work hardening.

Decision rationale: The injured worker sustained a work related injury on 5/10/12. The medical records provided indicate the diagnosis of sacroiliitis, lumbar disc disorder/myelopathy, and lumbago and sprain lumbar region. Currently, the injured worker was with complaints of lumbar spine discomfort with radiation to the lower extremities. Previous treatments included medication management, home exercise program, and work hardening program. The medical records provided for review do not indicate a medical necessity for Work hardening 2 times a week for 6 weeks for the lumbar spine. The MTUS and the Official Disability Guidelines recommend against work hardening if the individual is a candidate for surgery or other treatments could lead to improved function. The medical records indicate the injured worker was being considered for radiofrequency neurotomy. Therefore, this request is not medically necessary.