

Case Number:	CM15-0138319		
Date Assigned:	07/28/2015	Date of Injury:	09/23/2014
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 24 year old female, who sustained an industrial injury on September 23, 2014. Treatment to date has included ten physical therapy sessions, four chiropractic therapy sessions, and eight acupuncture treatments. Currently, the injured worker complains of upper and mid-back pain which she rates a 7-8 on a 10-point scale. She reports that her low back pain radiates into the mid back causing burning, tightness and trouble with bending. She reports that she is able to perform most of her normal routine but she has pain after a few minutes of walking. She reports that sitting to standing is painful and it is difficult to get out of bed, to bend or to straighten up. Her low back pain travels up and down the lumbar spine. She reports constant pain radiating through the waistline, hips and front of the legs all the way to the level of the knees. On physical examination the injured worker has tenderness to palpation throughout the thoracic and lumbar paraspinal muscles bilaterally. Her lumbar spine range of motion is limited and she has positive straight leg raise bilaterally. The diagnoses associated with the request include lesion of the sciatic nerve, displacement of lumbar disc without myelopathy and herniated disc. The treatment plan includes work hardening program and modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 2 x 5 low back: 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), work hardening physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125.

Decision rationale: The claimant sustained a work injury in September 2014 while working as a cashier and in food preparation in a [REDACTED] restaurant when she fell while carrying a can of tuna. She continues to be treated for upper, mid, and low back pain. When seen, pain was rated at 6-9/10. She had completed 10 physical therapy treatment sessions without benefit. There was lumbar spine tenderness with decreased and painful range of motion. Straight leg raising and Kemp and Bragard tests were positive bilaterally. There was decreased left lower extremity sensation. The assessment references having failed physical therapy, chiropractic care, and acupuncture and decreased having persistent pain. Authorization for 10 sessions a work conditioning over a four-week period of time was requested. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, the claimant does not have a medium or higher physical demand requirement and work conditioning is being requested two times per week for five weeks. The request is not considered medically necessary.