MAXIMUS Federal Services

Case Number:	CM15-0148243		
Date Assigned:	08/11/2015	Date of Injury:	02/19/2015
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/30/2015

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
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 45 year old male who sustained a work related injury February 19, 2015. While operating a van, he was rear-ended and jerked forward and back, impacting the steering wheel and headrest, without broken glass. He was wearing a seat belt. The following day he began to experience pain in his neck and lower back. Past history included insulin dependent diabetes. According to a primary treating physician's progress report, dated June 9, 2015, the injured worker presented with complaints of constant, moderate to severe cervical pain with tingling in his right hand and constant, moderate to severe lumbar pain. Objective findings included; cervical 3+ spasm and tenderness to the bilateral paraspinal muscles from C2-C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles; distraction test and shoulder depression test were positive bilaterally; lumbar; large horizontal post-surgical scar noted across the lumbar spine; 3+ spasm and tenderness to the bilateral lumbar paraspinal muscles for L1-L4 and multifidus; Kemp's and Yeoman's were positive, bilaterally. Diagnoses are traumatic spondylopathy of the lumbar spine; cervical sprain, strain. Treatment plan included pending a qualified functional capacity evaluation, and at issue, a request for authorization for 10 sessions of work conditioning-work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Work Conditioning/Work Hardening Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126.

Decision rationale: The MTUS Guidelines recommend the use of work hardening as an option, depending on the availability of quality programs. Criteria for admission to a work hardening program include; 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. 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. 3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. 4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. 5) A defined return to work goal agreed to by the employer & employee. 6) The worker must be able to benefit from the program. 7) The worker must be no more than 2 years past date of injury. 8) Work hardening programs should be completed in 4 weeks consecutively or less. 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. 10) Upon completion of a rehabilitation program, neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. In this case, it is unclear that there is a position available at the injured worker's place of employment or what the prospective work would entail. Without this information, this request cannot be approved. The request for 10 sessions of work conditioning/work hardening program is determined to not be medically necessary.