

Case Number:	CM15-0161240		
Date Assigned:	08/28/2015	Date of Injury:	10/07/2008
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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:

This 31 year old female sustained an industrial injury on 10-07-09. She subsequently reported back pain. Diagnoses include lumbar herniated disc, spasm of muscle, lumbar degenerative disc disease and lumbar disc displacement. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. The pain radiates to the right posterior thigh. Upon examination, there was numbness and tingling in the right lower extremity noted. A request for Work Conditioning / Work Hardening Program, Qty 1 (unspecified program, duration, and frequency) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning/Work Hardening Program, Qty 1 (unspecified program, duration, and frequency): Upheld

Claims Administrator 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: Physical Medicine Guidelines - Work Conditioning.

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, there is no description of the requested program content, duration, or frequency. There is no documentation of work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands. There is no documentation of an agreement with an employer. The request for work Conditioning/work hardening program, Qty 1 (unspecified program, duration, and frequency) is determined to not be medically necessary.