

Case Number:	CM15-0164059		
Date Assigned:	09/01/2015	Date of Injury:	06/09/2014
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: Pennsylvania, Ohio, California
 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 34 year old male who sustained an injury on 6-9-14 resulting while lifting trash bins developed pain radiating from the low back into his right lower extremity. Diagnostic tests include an MRI on 10-14-14 which shows disc herniation at L4-5, a 5 mm extrusion causing severe stenosis and L5 root compression; Electromyogram on 11-13-14 was normal. Diagnoses are herniated lumbar intervertebral disc- L4-5; lumbar stenosis. The physical examination on 3-11-15 reveals neurological is positive for numbness and positive for back pain. A lumbar laminotomy, L4 right with medial facetectomy and foraminotomy; lumbar laminotomy, L5 right with medial facetectomy and microdiscectomy was performed on 3-11-15 followed by physical therapy. 7-8-15 PR2 is requesting work hardening program to facilitate return to full work. The PR 2 on 7-24-15 reports complaints of sore right mid back, low back by end of day and no leg pain and the treatment plan is an exercise program. Current requested treatments work hardening 1-2 times a week for 6 weeks for thoracic, lumbosacral spine; physical therapy 1 -2 times a week for 6 weeks for thoracic, lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 1-2 times a week for 6 weeks for thoracic / lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case the records do not clearly document a job description and concerns about the ability to perform a particular job. Without such job-specific information and correlating results of a job-specific FCE, it is not possible to support a request for work conditioning at this time. Therefore the request is not medically necessary.

Physical therapy 1-2 times a week for 6 weeks for thoracic / lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. Alternatively, the records in this case suggest the patient may have plateaued in PT short of the ability to perform a specific job; in that case, MTUS may support an FCE and/or work hardening rather than additional formal PT without specific current goals. For these reasons this request is not medically necessary.