

Case Number:	CM15-0197124		
Date Assigned:	10/12/2015	Date of Injury:	11/10/2011
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 58-year-old male with an industrial injury dated 11-10-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar displacement intervertebral, disc herniated nucleus pulposus, and lumbar radiculopathy. According to the progress note dated 09-02-2015, the injured worker sustained L5- S1 disc bulge and has had left S1 chronic radicular pain. The treating physician reported that the injured worker attended the [REDACTED] and the functional restoration program with outstanding progress. The treating physician noted that the last work hardening session was 12-05-2014. Medical records indicated that on 08-10-2015 evaluation, the injured worker reported increasing back, leg pain, and non-progressive leg weakness without loss of bowel or bladder control. Objective findings (09-02-2015) revealed lumbar extension at 30 degrees (75%) range caused left lateral buttock pain and positive straight leg raises on the left causing back and lateral hip pain. Treatment has included prescribed medication, 12 sessions of work hardening, 20 sessions of functional restoration pain rehabilitation, and periodic follow up visits. The treating physician reported that the injured worker is not a surgical candidate. The treatment plan included additional aftercare sessions. The treating physician prescribed services for additional eight (8) sessions of [REDACTED]; 2 times a week for 4 weeks. The utilization review dated 09-11-2015, non-certified the request for additional eight (8) sessions of [REDACTED]; 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of [REDACTED]; 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: CA MTUS Guidelines contains specific criteria for admission into work hardening programs, such as the request [REDACTED]. In this case, the claimant was injured in 2011 and has completed both a Functional Restoration program and a [REDACTED] [REDACTED] in 2014. He now complains of increased leg and back pain and numbness, which is stable. The injured worker is now four years past the date of injury. MTUS Guidelines specify that the worker must be no more than 2 years past the date of injury. In addition, upon completion of rehabilitation program, such as neither work hardening, re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Therefore, based on failure to meet MTUS criteria, the request is not medically necessary or appropriate.