

Case Number:	CM15-0199202		
Date Assigned:	10/21/2015	Date of Injury:	03/08/2015
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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 47 year old male, who sustained an industrial injury on 3-8-15. The injured worker is diagnosed with post L4-S1 decompression and L5-S1 instrumented fusion with TLIF. His work status is temporary total disability. A note dated 9-2-15 reveals the injured worker presented with reports of being pain free. He reports feeling weak and would like to return to work as soon as possible. A physical examination dated 9-2-15 revealed a healed surgical scar, bilateral lower extremity motor and muscle strength is 5 out of 5, sensation is intact to light touch and the toes are warm and well perfused. Treatment to date has included L4-S1 decompression and L5-S1 instrumented fusion, which the injured worker is pleased with the outcome per note dated 9-2-15. Diagnostic studies include lumbar spine x-ray and MRI. A request for authorization dated 9-17-15 for work hardening-return to work program (in 12 sessions) is denied, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/return to work program (in sessions) Qty: 12: 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: CA MTUS Guidelines recommend work hardening only with satisfaction of multiple criteria. The patient should not be a surgical candidate, should have a specific return to work goal, should have specific job demands, and demonstrated functional limitations and documentation of on-the-job training. The above criteria are not documented with this patient's request. Therefore the request cannot be supported and is not medically necessary or appropriate.