

Case Number:	CM15-0204028		
Date Assigned:	10/20/2015	Date of Injury:	03/08/2015
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 46 year old male injured worker suffered an industrial injury on 3-8-2015. On 7-20-2015 the provider noted he was 6 weeks post-surgery and stated he felt the best he had been in 5 years. The provider encouraged him to do exercises at home and did not believe he required physical therapy at that time. On 9-2-2015 the treating provider reported the injured worker was about 3 months post lumbar decompression fusion 6-9-2015. He reported the pain was gone but overall feels weak and would like to go back to work as soon as possible. Request for Authorization date was 10-5-2015. The Utilization Review on 10-12-2015 work hardening-Return to Work Program Sessions #12.

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 Sessions #12: 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 Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work hardening program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening (return to work program) sessions #12 is not medically necessary. Work hardening/conditioning is recommended as an option for treatment of chronic pain syndromes depending upon availability of quality programs. The criteria for admission to a work hardening program include, but are not limited to, screening documentation; diagnostic interview with a mental health provider; job demands; functional capacity evaluations; previous physical therapy; rule out surgery; other contraindications; a return to work plan; drug problems; program documentation; supervision; a trial (of no longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains; concurrently working; etc. in this case, the injured workers working diagnosis is status post L4 - S1 decompression and L5 - S1 instrumented fusion with TLIF perform June 9, 2015. According to a July 20, 2015 progress note, the injured worker is six weeks status post surgery. The injured worker is "doing amazing" and is on a home exercise program. There was no formal physical therapy documented in the record. According to a September 2, 2015 progress note, there is no documentation of physical therapy or a functional capacity evaluation. The injured worker is three months post-fusion. The pain is gone, but there is still some weakness. Objectively, motor function is 5/5 and sensation is intact. The treating provider is requesting a work hardening program. There is no documentation of physical therapy in the medical record. According to an October 1, 2015 progress note, a chiropractor evaluated the injured worker and is submitting a request for physical therapy due to deconditioning in the post surgical. There is no functional capacity evaluation in the medical record. There is no previous physical therapy documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy, no documentation with a functional capacity evaluation and no diagnostic interview with a mental health provider, work hardening (return to work program) sessions #12 is not medically necessary.