

Case Number:	CM15-0204182		
Date Assigned:	10/21/2015	Date of Injury:	11/26/2013
Decision Date:	12/09/2015	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, Hawaii
 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 55-year-old male who sustained an industrial injury on 11-26-2013 and has been treated for L4-5 disc extrusion, right-sided lumbar radiculopathy, metatarsalgia, and SI joint dysfunction. On 9-25-2015 the injured worker reported low back pain radiating to the right lower extremity "with paraesthesias" rating pain at 5 out of 10. The physician "deferred" physical examination. Documented treatment includes orthotics, "therapy," chiropractic therapy, acupuncture, use of a home TENS unit, Gralise, Nabumetone, gabapentin, walking, home exercise, and he has completed 8 sessions of a work conditioning program. The injured worker is stated to want to return to work, but the employer requires him to be able to lift 100 lbs. in order to return to regular duty. The 8 sessions of work conditioning is stated to have improved his range of motion and the 9-11-2015 report stated he can presently lift up to 40 lbs. which is an increase of 5 lbs. The treating physician's plan of care includes a request for authorization submitted 10-5-2015 for 12 additional part-day work conditioning sessions, which was modified to 2 sessions on 10-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional work conditioning sessions, 2 part-day sessions per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning (WC) Physical Therapy Guidelines.

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

Decision rationale: The patient presents with chronic back pain. The current request is for 12 additional work-conditioning sessions, 2 part-day sessions per week. The treating physician's report dated 09/11/2015 (312B) states, "He is lifting 40 pounds max on FCE and now 35 pounds repetitively. He is motivated to improve as he has worked this job for 18 years and with his educational level, transference to other careers will be difficult. He is expected to progress in lifting abilities with more sessions. He was appropriate for FRP but denied. We do recommend additional 12 sessions to progress lift for RTW as he will need ongoing sessions in extended amount to reach heavy lifting. We only had authorization for 4 sessions last interval and doing this piecemeal is not going to work for him to return to work. Please authorize 12 at this time." The MTUS Guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improved followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (A) A documented specific job to return to with job demands that exceed abilities, OR (B)-Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In addition, ODG recommends 10 visits over 8 weeks. In this case, while additional work conditioning sessions may benefit the patient to return to work, the requested 12 sessions exceed ODG Guidelines recommended 10 visits. The current request is not medically necessary.