

Case Number:	CM15-0020684		
Date Assigned:	02/10/2015	Date of Injury:	11/03/2014
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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

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:

This 35 year old male sustained a work related injury on 11/03/2014. The injury occurred while carrying a box full of cans when the box broke causing the cans to fall. The claimant tripped on one of the cans and fell down the stairs. He subsequently experienced immediate pain in his right leg and back. According to a progress report dated 12/17/2014, the injured worker complained of severe cervical spine pain, constant severe lumbar pain that radiated down the right leg, numbness down the back and constant severe right ankle and foot pain. Diagnoses included cervical disc herniation with myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, sciatic and right ankle sprain/strain. Treatment plan included physician medicine, medication, Functional Improvement Measure through a Functional Capacity Evaluation, multi interferential Stimulator and lumbosacral orthosis. The injured worker underwent a Functional Capacity Evaluation on 01/20/2015. Job factor restrictions included no lifting over 5 pounds, no carrying over 15 pounds, no pushing/pulling over 130/130 pounds, no walking more than 12 minutes and no standing more than 14 minutes. On 01/20/2015, Utilization Review non-certified work conditioning/hardening screening evaluation. According to the Utilization review physician, the injured worker had not had a psychological evaluation or Functional Capacity Evaluation. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning / Hardening Screening Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/ Work Conditioning, Page: 125-126.

Decision rationale: There are no documented limitations in current ADLs or specific clinical findings identifying deficits to be addressed nor has previous treatment rendered functional improvement. Current medical status remains unchanged and there is no medical report to address any specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. Medical necessity for Work hardening program has not been established as guidelines criteria include functional limitations precluding ability to safely achieve current job demands; plateaued condition unlikely to benefit from continued physical, occupational therapy, or general conditioning; patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; identified defined return to work goal agreed to by the employer & employee with documented specific job to return to with job demands that exceed abilities; not demonstrated here. Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. It appears conservative treatments have not been exhausted nor is there any notation of specific impairment, hindering the patient from returning to some form of modified work. There are also no documented limitations in current ADLs or specific clinical findings except for generalized pain and tenderness without consistent dermatomal or myotomal deficits to address specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. The Work Conditioning / Hardening Screening Evaluation is not medically necessary and appropriate.