

Case Number:	CM15-0026498		
Date Assigned:	02/18/2015	Date of Injury:	03/11/2013
Decision Date:	04/21/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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, Pain Management

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 28 year old male, who sustained an industrial injury on 3/11/13. He reported neck and back. The injured worker was diagnosed as having lumbar (HNP) herniated nucleus pulposus at L5-S1, severe back spasm, lumbar radiculopathy, depression and anxiety, insomnia, cervical sprain/strain and headache. Treatment to date has included oral medication including Tramadol and Gabapentin, topical creams, acupuncture, epidural steroid injection, chiropractic treatments and physical therapy. (EMG) Electromyogram studies and (MRI) magnetic resonance imaging of lumbar spine were performed. Currently, the injured worker complains of mild neck pain and moderate low back pain. Physical exam noted the walks relatively normally and is able to be flexed 60 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening program for the lower back, six visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening program Page(s): 125-126.

Decision rationale: Regarding the request for Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level, and that the patient is unable to perform those duties. In the absence of clarity regarding those issues, the currently requested work conditioning is not medically necessary.