

Case Number:	CM15-0211373		
Date Assigned:	10/30/2015	Date of Injury:	02/19/2015
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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: New Jersey

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:

This 46 year old man sustained an industrial injury on 2-19-2015. Diagnoses include cervical spondylosis, lumbar spondylosis, and cervical sprain-strain. Treatment has included oral medications and chiropractic care. Physician notes on a PR-2 dated 9-18-2015 show complaints of neck and back pain. The worker rates his pain range between 5 and 10 out of 10. The physical examination shows palpable muscle twitch trigger points in the head and neck muscles. Cervical spine range of motion is noted to be flexion 15 degrees, extension 35 degrees, left lateral rotation 30 degrees and painful, and right lateral rotation 20 degrees and painful. Lumbar spine is painful to palpation from L3-S1, trigger points are noted to the paraspinal muscles. Range of motion shows pain with anterior flexion, extension 10 degrees and painful, left lateral flexion 10 degrees, and pain with right lateral flexion. Recommendations include work hardening program, Robaxin, Duexis, trigger point injections if previous plans fail, and return to work with restrictions. Utilization Review denied a request for six work hardening sessions on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 work hardening sessions, 2 times a week for 3 weeks, cervical spine (48 hours): 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 rationale: The MTUS Chronic Pain Guidelines state that work conditioning is recommended as an option. To qualify, the MTUS gives specific criteria: 1. Functional limitations precluding ability to safely achieve job demands, 2. After trial of physical therapy and unlikely to benefit from continued physical therapy, 3. Not a candidate for surgery or other treatments, 4. Recovery from the conditioning to allow a minimum of 4 hours a day for three to five days a week of active participation at work, 5. A defined return to work goal, 6. Worker must be able to benefit from the program, 7. Worker must be no more than 2 years post date of injury, 8. Work conditioning should be completed in 4 weeks or less, 9. Treatment is not supported for longer than 1-2 weeks without evidence of compliance and benefit, 10. Upon completion, there is no need to repeat the same or similar conditioning program in the future. For those who qualify, the MTUS Guidelines suggest up to 10 visits over 8 weeks. In the case of this worker, there was insufficient criteria met in order to warrant this request for work hardening being a truck driver. There was no enough explanation as to how the worker's functional limitations precluded him from safely working, there was no return to work goals specified, and the request was for 6 weeks duration, which is longer than the 4 week maximum. Due to these factors, this request for 6 work hardening sessions, 2 times a week for 3 weeks, cervical spine (48 hours) will be considered medically unnecessary at this time.