

Case Number:	CM15-0033459		
Date Assigned:	02/26/2015	Date of Injury:	04/10/2014
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker was a 55 year old female, who sustained an industrial injury, April 10 2014. According to progress note of January 16, 2015 the injured workers chief complaint was lumbar pain. The injure worker described the pain as dull and tight with occasional sharp shooting pain radiating down the left lateral aspect of the left leg to the left foot. The pain was aggravated by walking and performs home therapy to help with the pain. The injured worker rated the pain at 3 out of 10, 0 being no pain and 10 being the worse pain. The physical exam revealed normal gait, 2 plus reflexes over the bilateral knees and Achilles regions. The range of motion of the lumbar regions was flexion 76 degrees, extension 22 degrees, bilateral later flexion 17 degrees and bilateral rotation 20 degrees with dull to sharp lumbar pain. The physical exam noted tenderness over the bilateral lumbar region. The straight leg testing was positive on the right and left of lower back pain. The injured worker was diagnosed with post laminectomy syndrome and lumbar compression. The injured worker previously received the following treatments Motrin, Tylenol #3, physical therapy and swimming exercises, icing, using heat and lying on the floor. On February 10, 2015, the primary treating physician requested authorization for continuation of physical therapy 6 visits for work hardening. On February 2, 2015, the Utilization Review denied authorization for continuation of physical therapy 6 visits for work hardening. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits with work hardening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute & Chronic), Work conditioning/work hardening.

Decision rationale: Chronic Pain Medical Treatment Guidelines state: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) 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. (5) A defined return to work goal agreed to by the employer & employee. (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) 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. The treating physician did not provide the necessary documentation to meet the above guidelines and did not provide a "defined return to work goal agreed to by the employer & employee." "Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities". As such, the request for Physical therapy 6 visits with work hardening is/are not medically necessary at this time.