

Case Number:	CM15-0036575		
Date Assigned:	03/05/2015	Date of Injury:	10/03/2013
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 45 year old male, who sustained an industrial injury on 10/03/2013. He has reported subsequent back pain and was diagnosed with chronic axial low back pain secondary to internal disc derangement with annular tear at L5-S1 and overlying myofascial pain. Treatment has included oral pain medication, physical therapy, chiropractic therapy and a home exercise program. In a progress note dated 01/19/2015, the injured worker complained of 7/10 low back pain radiating to the bilateral buttocks. Objective findings were notable for restricted range of motion of the lumbar spine with pain and palpable guarding and spasm along the lumbar paraspinals and bilateral gluteus medius muscles. The physician noted that since the date of injury, the injured worker's symptoms had not improved and that a work conditioning program focusing on core stabilization was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of work conditioning for the low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines - Work Conditioning.

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

Decision rationale: The injured worker sustained a work related injury on 10/03/2013. The medical records provided indicate the diagnosis of chronic axial low back pain secondary to internal disc derangement with annular tear at L5-S1 and overlying myofascial pain. Treatment has included oral pain medication, physical therapy; chiropractic therapy and a home exercise program the medical records provided for review do indicate a medical necessity for 10 sessions of work conditioning for the low back. The medical records indicate the injured worker did not benefit much from physical therapy and physical therapy. Unlike work hardening which requires strict criteria, The Official Disability Work Conditioning (WC) Physical Therapy Guidelines amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of Physical therapy, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). Work conditioning visits will typically be more intensive than regular Physical therapy visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work. The recommended number of visits are 10 visits over 4 weeks, equivalent to up to 30 hours. Therefore, the request is medically necessary.