

Case Number:	CM15-0037689		
Date Assigned:	03/06/2015	Date of Injury:	03/06/2014
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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:

The injured worker is a 42-year-old male with an industrial injury dated 03/06/2014, which resulted in an injury to the low back. Diagnoses include acute low back pain. Diagnostic testing has included a MRI of the lumbar spine (06/04/2014 and 01/21/2015). Previous treatments have included conservative measures, medications, physical therapy and work conditioning with a discharge date 10/16/2014. A progress note dated 01/22/2015, reports low back pain. The objective examination revealed restricted range of motion in the lumbar spine without subluxation, tenderness to palpation of the paraspinal musculature, and positive straight leg raises. The treating physician is requesting work conditioning (12 visits for the lumbar spine, 3 visits weekly for 4 weeks) which was denied by the utilization review. On 02/17/2015, Utilization Review non-certified a request for work conditioning (12 visits for the lumbar spine, 3 visits weekly for 4 weeks), noting MTUS guidelines were cited. On 02/27/2015, the injured worker submitted an application for IMR for review of work conditioning (12 visits for the lumbar spine, 3 visits weekly for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, 12 visits for the lumbar spine, 3 visits weekly for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

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

Decision rationale: This patient presents with acute lower back pain. The request is for work conditioning, 12 visits for the lumbar spine, 3 visits a week for 4 weeks on 01/22/15. The patient had work conditioning in October 2014 and the treater noted that the patient "went back to work; his symptoms have worsened significantly; he is having pain in the back and into bilateral buttocks" per 11/20/14 report. Per 01/22/15 report, the treater noted that the patient had MRI of lumbar spine on 01/21/15 and it showed that "the disc herniation looks much improved but there is still compression of his neural elements but significantly improved." The patient may return to modify duties as of 01/22/15 per 01/22/15 report. MTUS page 125 and 126 states regarding repetition of Work conditioning, "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." In this case, the patient already had a course of work conditioning and was able to return to work. MTUS specifically recommends against repeating the same program for work conditioning. The request IS NOT medically necessary.