

Case Number:	CM15-0039152		
Date Assigned:	03/09/2015	Date of Injury:	05/07/2014
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 40 year old male who sustained an industrial lifting injury to his lower back on May 7, 2014. A lumbar Magnetic resonance imaging (MRI) performed on September 26, 2014 demonstrated a negative study. The injured worker was diagnosed with a lumbosacral strain/sprain. The injured worker was treated with chiropractic therapy, physical therapy, and trigger point injections. According to the primary treating physician's progress report on February 10, 2015, the injured worker is concerned regarding his ability to return to full duties. Examination of the lumbar spine demonstrated low back range of motion at 90% of normal, straight leg raise negative and gait not antalgic. There was no discussion of a current home exercise program actively in place or current medications being used.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of work hardening for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Chapter 12 on Low Back Pain indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to a work hardening program. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.