

Case Number:	CM15-0052204		
Date Assigned:	03/25/2015	Date of Injury:	10/12/2014
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/19/2015

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: Physical Medicine & Rehabilitation, 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 22-year-old male, who sustained an industrial injury on 10/12/2014. On provider visit dated 01/12/2015 the injured worker has reported lumbar spine pain. On examination, he was noted to have spasm and tenderness to bilateral lumbar paraspinals muscles from L4-S1 and multifidus, Kemp's test was positive bilaterally, straight leg raise test was positive on the left. Yeoman's test was positive bilaterally and Braggard's test was positive bilaterally. The diagnoses have included lumbar disc displacement without myelopathy. Treatment to date has included MRI, physical therapy, medication and 10 completed physical medicine sessions. The provider requested 10 Work Hardening Visits 3 times a week for the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Work Hardening Visits 3 times a week for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for low back pain. He has a heavy physical demand occupation as a forklift driver. Treatments have included physical therapy. The treating provider documents a decline in functional improvement. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, there is no defined return to work plan including the physical demand capability needed to return to work. Therefore, the requested sessions of work hardening are not medically necessary.