

Case Number:	CM15-0061858		
Date Assigned:	04/07/2015	Date of Injury:	06/18/2012
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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 51-year-old male, who sustained an industrial injury on 06/18/2012. He reported a fall from a scaffold sustaining multiple injuries and a loss of consciousness. The injured worker was diagnosed as having repetitive cervical spine sprain/strain, posterior disc bulge at cervical three to four, cervical five to six and cervical six to seven, neck pain, repetitive thoracic spine sprain/strain, upper back pain, thoracic disc bulge at thoracic eight to nine, repetitive lumbar spine sprain/strain, low back pain, posterior disc bulge at lumbar two to three, lumbar three to four, lumbar four to five, and lumbar five to sacral one, repetitive left shoulder sprain/strain, left shoulder tendinitis, right eye pain, and post traumatic concussion with loss of consciousness, and persistent headaches. Treatment to date has included extracorporeal shockwave therapy, chiropractic therapy, lumbar magnetic resonance imaging, electromyogram with nerve conduction velocity, and x-rays of the cervical spine, lumbar spine, and the left shoulder. In a progress note dated 02/06/2015 the treating physician reports complaints of right eye pain that is rated a four on a scale of one to ten, neck pain that is rated a four on a scale of one to ten, left shoulder pain that is rated a five on a scale of one to ten, upper back pain that is rated a four on a scale of one to ten, lower back pain that is rated an eight on a scale of one to ten, and persistent headaches. The treating physician requested six sessions of work conditioning and six sessions of work hardening to improve the injured worker's functional capacity and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 work hardening and conditioning sessions: Upheld

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

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

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for injuries sustained after a fall from scaffolding. Work conditioning / hardening is being requested as a result of functional capacity evaluation testing and intended to improve activities of daily living. 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 and the claimant's injury was more than 2 years ago. Therefore, the requested sessions of work conditioning / hardening are not medically necessary.