

Case Number:	CM15-0081316		
Date Assigned:	05/04/2015	Date of Injury:	01/05/2006
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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: Internal 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 female, who sustained an industrial injury on 01/05/2006. She reported injury to her lumbar spine. According to an orthopedic evaluation dated 04/06/2015, the injured worker was seen for complaints of pain in her lumbar spine as well as emotional distress. She complained of severe pain in her lumbar spine rated 10 on a scale of 1-10 that radiated to her legs. She complained of anxiety, depression, stress, nervousness and insomnia. Treatment to date has included x-rays, medications, chiropractic care, physical therapy, MRI, epidural injection to the lumbar spine, electromyography, computed tomography and spinal cord stimulator placement. Diagnoses included status post implantation of neurostimulator, status post L2-3, L3-4 and L4-5 transforaminal lumbar interbody fusion, lumbar spine radiculopathy, chronic lumbago and depression. Treatment plan included stimulator maintenance assessment, referral to psychiatrist, work-hardening program, Tizanidine, labs and a urine drug screen. The injured worker was permanent and stationary. Work status included work restrictions. Currently under review is the request for 12 work-conditioning therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 work conditioning therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine, Work Conditioning.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses work conditioning and work hardening programs. Criteria for admission to a work hardening program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) 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. ODG Physical Medicine Guidelines; Work Conditioning; 10 visits over 8 weeks, See also Physical medicine for general guidelines. The primary treating physician orthopedic evaluation report date 4/6/15 documented a history of chronic lumbago and lumbar spine surgery. A work hardening program was requested. MTUS criteria for admission to a work hardening program require that the worker must be no more than 2 years past the date of injury. The date of injury was 01-05-2006. Because the worker is more than 2 years past date of injury, the MTUS criterion is not supported. Per MTUS, work hardening programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Per MTUS, the ODG work conditioning parameter is 10 visits. Twelve work conditioning therapy sessions were requested on 4/6/15. The request for 12 sessions exceeds MTUS guidelines, and is not supported. The request for 12 work conditioning therapy sessions is not supported by MTUS guidelines. Therefore, the request for 12 work conditioning therapy sessions is not medically necessary.

