

Case Number:	CM14-0121422		
Date Assigned:	09/25/2014	Date of Injury:	03/04/2014
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a work injury occurring on 03/04/14 when, while working stacking and rearranging boxes on a pallet for five hours he felt pulling in the low back pain. Treatments included physical therapy with temporary relief. He has continued at light duty. On 03/28/14 he was participating in physical therapy. He was having ongoing low back pain. Physical examination findings included mild to moderate lumbar tenderness with decreased range of motion. Motrin 800 mg was prescribed. Work restrictions were continued. On 04/08/14 he was seen for an orthopedic evaluation. He was having non-radiating low back pain rated at 6/10. Physical examination findings included appearing in no acute distress. He had bilateral sacroiliac joint tenderness and tenderness over the left lumbar paraspinals and interspinous ligaments. There was decreased lumbar spine range of motion with negative straight leg raising and a normal neurological examination. Imaging results were reviewed an x-ray showing L5-S1 Grade 1 spondylolisthesis. He was diagnosed with a lumbosacral strain. On 05/14/14 he was seen by the requesting provider. He was having occasional slight cervical spine pain, frequent moderate thoracic spine pain, and constant severe lumbar spine pain. He was having radiating symptoms into the right lower extremity. Physical examination findings included decreased and painful cervical spine range of motion. He had multilevel spinal muscle tenderness with spasms. There was positive cervical distraction and positive shoulder depression testing bilaterally. Straight leg raising, Yeoman, Bragard, and Kemp tests were positive bilaterally. Tylenol number 3 #120 and ibuprofen 800 mg #100 were prescribed. Authorization for an interferential stimulator, a lumbosacral orthosis, sleep study, and chiropractic treatments including massage and modalities was requested. On 07/02/14 he was having ongoing symptoms. Physical examination findings

appear unchanged. He had participated in two physical therapy treatments since the last visit. Authorization six sessions of acupuncture and a Functional Capacity Evaluation were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning / hardening screening (eval x 1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, Page(s): p125. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p129

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for widespread spine pain with right lower extremity radicular symptoms. Criteria for a Work Conditioning Program include completion of an adequate trial of therapy with improvement followed by plateau. In this case, the claimant has not completed a course of physical therapy and has been referred for acupuncture treatments indicating that the referring provider considers his treatment incomplete. Therefore, the requested work conditioning / hardening screening is not medically necessary and appropriate.

Follow up visit with ROM measurement and address ADL's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM)

Decision rationale: TheThe claimant is more than 6 months status post work-related injury and continues to be treated for widespread spine pain with right lower extremity radicular symptoms. Guidelines address range of motion which should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. In this case, the claimant's primary treating provider would be expected to be able to measure range of motion and address activities of daily living without requiring specialty follow-up which is therefore not medically necessary.