

Case Number:	CM14-0132252		
Date Assigned:	09/19/2014	Date of Injury:	06/10/2013
Decision Date:	10/22/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 55-year-old male with an original industrial injury on June 10, 2013. The mechanism of injury was a slip and fall off a ladder. The patient has chronic low back pain, lumbar spasm, lumbar radiculopathy, and evidence of lumbar spine canal stenosis on MRI performed on 7/15/2013. The patient also had an electrodiagnostic study in January 2014 which demonstrated ongoing L4 and L5 radiculopathy on the left side. Conservative care to date have included 8 sessions of physical therapy in 2013, and 24 sessions of physical therapy following shoulder arthroscopy performed in November 2013. The disputed requests is for work hardening for 2 to 3 weeks. A utilization review determination on August 7, 2014 had modified this request to allow work hardening for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening x 2-3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening/conditioning Page(s): 125-126.

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

Decision rationale: In the case of this injured worker, the request for work hardening exceed the recommendations set forth in the Chronic Pain Medical Treatment Guidelines for duration of work hardening prior to evidence of functional gains being demonstrated. The guidelines state that "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." Given this, this request is not medically necessary. The modification by the utilization reviewer in this case is appropriate, and a modification to allow 2 weeks for work hardening is within guidelines.