

Case Number:	CM14-0141858		
Date Assigned:	09/10/2014	Date of Injury:	06/23/2010
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Neuromuscular Medicine and licensed to practice in Maryland. 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 patient is a 47 year old female with a work injury dated 6/23/10. The diagnoses include left L5 radiculopathy, L5-S1 spondylolisthesis, grade 1; L5-S1 lateral recess stenosis; right cervical radiculopathy; C5-C6 stenosis; C5-C6 disc herniation; left foot drop; status post L5-S1 TLIF 11/10/2011 status post left L5 foraminotomy and L4-5 laminotomy, 9/2/2012. Under consideration is a request for work conditioning for the lumbar spine, twice weekly for three weeks. There is a primary treating physician report dated 7/28/14 that states that the patient has complaints of worsening neck pain radiating into the bilateral trapezius, with pain and numbness radiating down the right arm, rated a 10/10 on VAS. She has begun experiencing worsening headaches. She has complaints of numbness and pain in the low back radiating into the left leg pain and numbness with aching sensations into the buttock, and radiating down the left anterior and posterior thigh through the shin and calf into the plantar aspect of the foot, rated a 10/10 on VAS. She has complaints of worsening constipation. She has complaints of anxiety and panic attacks. On exam there is decreased lumbar range of motion, Decreased sensation over the left L3, L5, and S1 dermatome distribution. There is full strength and reflexes in the bilateral lower extremities. There is decreased sensation in the right C6, C7, and C8 dermatome distributions. There is full strength in the BUE. The reflexes are 1+ in the bilateral upper extremity brachioradialis, triceps, and biceps. The treatment plan was a spinal cord stimulator trial. The document states that patient is deconditioned, and there is a request authorization for work conditioning in preparation for both the surgery and to hopefully return her to work. The document also states that the provider is recommending proceeding with a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning for the lumbar spine, twice weekly for threeweeks: Upheld

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

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

Decision rationale: Work conditioning for the lumbar spine, twice weekly for three weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that work conditioning is for when a patient is not a candidate where surgery or other treatments would clearly be warranted to improve function. Furthermore, the guidelines state that 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. The document indicates that the patient has a date of injury over 2 years ago. The documentation indicates that a spinal cord stimulator was requested therefore this is not in accordance to the guidelines which recommends work conditioning only after all treatments are complete. The request for work conditioning for the lumbar spine, twice weekly for three weeks is not medically necessary.