

Case Number:	CM14-0146682		
Date Assigned:	09/18/2014	Date of Injury:	06/12/2009
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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's original date of injury was June 12, 2009. The injured worker carries diagnoses of chronic low back pain, lumbar radiculopathy, deconditioning, and chronic pain. A review of recent evaluations including one on July 31, 2014 indicated that the patient had achieved modified duty. The disputed requests is for a work conditioning/hardening program. A utilization review determination had non-certified this request. The stated rationale was that the injured worker's date of injury was greater than 5 years. Guidelines specify that the worker must not have more than 2 years elapsed since the date of injury for work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 work conditioning/hardening sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine guidelines, Work conditioning

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

Decision rationale: In the case of this injured worker, there is documentation that the patient is more than 2 years from the original date of injury, since the original injury was in 2009. The

guidelines recommend that a worker be no more than 2 years from the date of injury in order to participate in a work conditioning program. Given this, this request is not medically necessary.