

Case Number:	CM14-0148888		
Date Assigned:	09/18/2014	Date of Injury:	11/20/2011
Decision Date:	10/31/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal 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 patient sustained a work injury on November 20, 2011. The mechanism of injury is not documented in the medical records. Current medications are not documented in medical record. Surgeries are not documented in the medical record. Patient complained of occasional headaches and moderate, sharp neck pain. There was also stiffness and weakness. Symptoms were exacerbated looking up and down. The patient also complained of moderate sharp, upper and mid back pain associated with weakness. The injured worker's back pain was aggravated by standing, walking, driving, twisting and squatting. The patient also complained of pain in the left hand. Patient complained of sleep difficulties due to pain and suffered from depression. Physical examination was notable for pain and decreased range of motion of the cervical spine. There was tenderness and muscle spasm of the cervical paravertebral muscles. There was tenderness and muscle spasms overlying the thoracic paravertebral muscles. There was tenderness and muscle spasm over the lumbar paravertebral muscles. The treating physician recommended five localized intense neurostimulation therapy. The patient was referred for a functional capacity evaluation. The patient was advised to return to modified work on June 30, 2014 and to avoid lifting or carrying more than 15 pounds, squatting and kneeling, repetitive bending or stooping. Medical record states the patient has achieved maximum medical improvement absent further invasive treatment. The injured worker's diagnoses are headache, cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, thoracic muscle spasm, thoracic sprain/strain, lumbar disc protrusion, lumbar musculoligamentous injury, lumbar minor spasm, sprain/strain of the left-hand, disruption of 24 hours sleep and wake cycle, loss of sleep, sleep disturbance, anxiety, depression, irritability and nervousness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning 12 sessions: Upheld

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

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

Decision rationale: Pursuant to the California MTUS guidelines the requested 12 sessions for work conditioning are not medically necessary. The guidelines do not recommend this intervention when the date of injury is more than two years prior to the request for work conditioning. The date of injury is November 20, 2011. The injury was sustained in excess of two years after the request for work conditioning. A defined job description or position must be documented in the medical record. Additionally the current demands of the prospective job must exceed the patient's capacity. There is no plan of care, job description or position available to the injured worker documented in the medical record. Based on the clinical documentation and the MTUS 2009 guidelines, the work conditioning 12 session request is not medically necessary.