

Case Number:	CM14-0162154		
Date Assigned:	10/07/2014	Date of Injury:	02/09/2010
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 injured worker is a 29-year-old male who reported an injury on 02/09/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic discogenic back pain, annular disc injury, rotational scoliosis with degenerative facet disease, lumbar spine, degeneration of lumbar or lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. The previous treatments include medication, epidural steroid injection, and physical therapy. In the clinical note dated 09/17/2014, it was reported the injured worker complained of low back pain. He reported the low back pain is associated with numbness over the left leg. The provider noted the injured worker had been participating in physical therapy. The injured worker can lift 20 pounds comfortably. The physical examination was not documented for clinical review. The provider requested work hardening sessions. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Work conditioning sessions between 9/22/2014 and 11/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Work Conditioning. 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, work hardening Page(s): 125..

Decision rationale: The request for 12 work conditioning sessions between 9/22/2014 and 11/6/2014 is not medically necessary. The California MTUS Guidelines recommend work conditioning as an option. Guidelines note criteria for work conditioning include work related musculoskeletal conditions with functional limitations precluding ability to most likely current job demands, which are in the medium or higher demand level, not clerical/sedentary work. A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer's verified physical demand analysis. Not a candidate where surgery or other treatments would clearly be warranted to improve function. A physical and medical recovery sufficient is allowed for progressive reactivation and participating in a minimum of 4 hours a day for 3 to 5 days a week. A defined return to work agreed to by the employer and employee. A documented specific job to return with job demands that exceed abilities or documented on the job training. The injured worker must be able to benefit from the program functional and psychological limitations that are likely to improve with the program. Approval of these programs should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. The injured worker must be no more than 2 years past the date of injury. Injured workers that have not returned to work by 2 years post injury may not benefit. Work hardening program should be completed in 4 weeks consecutively or less. It is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated sufficient gains as documented by subjective and objective gains and measurable improvement in functional abilities. It recommended 10 visits over 8 weeks with functional improvement. The injured worker is past the 2 years of when the injury occurred, which may not benefit the injured worker. Additionally, there is lack of documentation indicating the injured worker had failed on conservative therapy. Therefore, the request is not medically necessary.