

Case Number:	CM14-0097546		
Date Assigned:	09/10/2014	Date of Injury:	01/02/2014
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Management 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:

This is a male patient with the date of injury of January 2, 2014. A utilization review determination dated June 6, 2014, recommends non-certification of 4 hour work hardening sessions for the lumbar spine quantity of 10, the request was modified to quantity of 6, and non-certification of a baseline work capacity evaluation. A progress note dated May 21, 2014 identifies subjective complaints of no clinical changes reported, EMG/NCS study of the leg were done on May 14, 2014, and the patient continues to rely on medications to assist with pain control. The patient is work restricted and is currently not working. Physical examination identifies antalgic gait with a cane, lumbar spine flexion is at 75, lumbar extension at 10, lumbar bilateral rotation at 15, and bilateral lumbar lateral bend at 15, tenderness over para - lumbar extensors bilaterally, right iliopsoas and quadriceps strength 4/5, bilateral sensory deficits to light touch over right quad, reflexes at knees and ankles bilaterally 2/4, and seated straight leg raise positive on the right. The diagnosis is severe right L2 -L3 radiculopathy. The treatment plan explains that the patient has already gone through a surgical evaluation without recommendation for surgery, lumbar epidural injections have been minimally effective, the patient has exhausted pharmacotherapy and other modalities. The treatment plan recommends a request for authorization for a work capacity evaluation for further understanding of the patient's biomechanical deficiencies. The patient is five months post injury and has not recovered to pre-injury work status with the current regimen program including home exercise program. The treatment plan also recommends prescription for ibuprofen 600 mg #40 and XXXXXXXXXX warm therapy gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four hour Work Hardening sessions for the lumbar spine Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-6 OF 127.

Decision rationale: Regarding the request for 4- hour work hardening sessions for the lumbar spine quantity of 10, California MTUS and Official Disability Guidelines (ODG) does support up to 10 sessions of work conditioning. Work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy, primarily for exercise training/supervision. Within the documentation available for review, there is no clear indication as to why this would require a formal work conditioning program for strengthening rather than adherence to an independent home exercise program. There is no documentation of an adequate trial of physical or occupational therapy with improvement followed by plateau in which the patient is not likely to benefit from continued physical or occupational therapy or general conditioning. In addition, there is no statement defining a return to work goal agreed to by the employer and employee. In light of the above issues, the currently requested for 4 hour work hardening sessions for the lumbar spine quantity of 10 is not medically necessary.

Baseline work capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for a baseline work capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines (ODG) states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed

exploration. In the absence of clarity regarding those issues, the requested baseline work capacity evaluation is not medically necessary.