

Case Number:	CM14-0215175		
Date Assigned:	01/02/2015	Date of Injury:	12/26/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male with a date of injury of 12/26/2013. According to progress report dated 12/09/2014, the patient presents with chronic neck pain. The patient has received a cervical epidural injection in the summer of 2014 which provided with no relief in pain or the intermittent numbness and tingling in his left hand. The patient states that modified duty is not available for him through his employer. For pain relief, he is using metaxalone and Vicodin which is prescribed by his primary care physician. The patient has undergone an Agreed Medical Evaluation with [REDACTED], and she has apparently recommended that he undergo a work hardening program. The medical file provided for review includes no AME evaluation for review. The patient rates his pain on average 3/10 & 5/10 and characterizes it as dull. The patient also states that he has minor low back pain which occurs intermittently and has some numbness and tingling into the left gluteal region. Examination of the cervical spine revealed tenderness to palpation of the left trapezius, cervical paraspinal muscles, and parascapular muscle. There is mildly decreased range of motion of the cervical spine. Examination of the lumbar spine revealed tenderness to palpation of the lumbar paraspinal muscles and range of motion of the lumbar spine is restricted. Straight leg raise testing is positive bilaterally. The listed diagnoses are: 1. Chronic bilateral lumbar radiculopathy. 2. Chronic left cervical radiculopathy. The treating physician states that he is in agreeance with the Agreed Medical Evaluation report by [REDACTED] and requests authorization for work hardening program. The utilization review denied the request on 12/17/2014. The medical file provided for review includes progress reports from 06/23/2014 through 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty work hardening program: Upheld

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

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

Decision rationale: This patient presents with chronic neck pain and intermittent low back pain. The current request is for specialty work hardening program. The MTUS Guidelines page 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. The requested work hardening program is not medically necessary.