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| Case Number: | CM14-0218250 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 11/19/2013 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/18/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male with a work injury dated 11/19/2013. The injury occurred when he was working on a roof and standing at the highest step of a ladder while holding a truss weighing approximately 200 pounds. The ladder broke and fell from a height of 8 feet, landing on the left side of his back. He experienced immediate pain in his neck, mid back, lower back and left leg. He presents on 10/22/2014 for follow up with complaints of neck pain and lower back pain with poor sleep. He states his activity level has remained the same and his medications are working well. Current medications include Flexeril, Ibuprofen, Neurontin and Opana. On 01/02/2014 MRI of thoracic (T) spine showed T 7-8 left paracentral 1 mm disc protrusion with fissured annulus and no stenosis. T 7-8 showed central 1 mm disc protrusion and T 3-4 showed right paracentral 1 mm disc protrusion. Lumbar MRI showed small disc extrusion at lumbar 5- sacral 1 level. Exam revealed slowed gait without the use of assistive devices. Exam of thoracic spine revealed tenderness and tight muscle band on both sides. Lumbar exam noted restricted range of motion with positive lumbar facet loading on both sides. Tenderness was noted over the sacroiliac spine. Diagnosis was lumbar facet syndrome, pain in thoracic spine, disc disorder - lumbar, low back pain and lumbar radiculopathy. He reports his work is not honoring his modified work restrictions and he is no longer working. Prior treatment included epidural steroid injection in lumbar sacral area with no pain relief, physical therapy and chiropractic treatment. The provider requested 4 work conditioning/hardening sessions. On 12/17/2014 utilization review issued a decision denying the request stating there was no evidence the provider evaluated the minimal functional requirements of available work versus the functional

abilities of the patient in order to determine which functions needed improvement. Guidelines cited were MTUS/ACOEM Low Back complaints and Official Disability Guidelines, Physical medicine. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 work conditioning/hardening sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 226, Chronic Pain Treatment Guidelines Lumbar Spine, Work Conditioning/Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for neck and radiating low back pain. When seen on 12/12/14 maximum medical improvement had been determined. On 01/05/15 he had increased upper and lower back pain with spasms and was having increased stress and leg pain. Physical examination findings included decreased and painful lumbar spine range of motion with muscle spasms, lower extremity weakness, and positive Kemp's testing. Authorization for further physical therapy was requested. Criteria for a Work Conditioning Program include a defined return to work goal agreed to by the employer and employee including a specific job to return to with job demands that exceed the claimant's abilities. In this case, there is no defined work goal or assessment of the claimant's job requirements relative to his abilities. Additionally, he has been referred for additional physical therapy treatments which indicate that the referring provider considers his treatment incomplete. Therefore, the requested Work Conditioning Program is not medically necessary at this time.