

Case Number:	CM15-0002650		
Date Assigned:	01/30/2015	Date of Injury:	02/25/2013
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 35 year old male, who sustained an industrial injury on 2/25/2013. He has reported intense back pain. Magnetic Resonance Imaging (MRI) from 7/8/13 significant for L4-5 disc protrusion and annular tear, L5-S1 disc protrusion, and stenosis and annular bulging at L2-3. The diagnoses have included degeneration of lumbar and lumbosacral intervertebral disc. . Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, epidural steroid injections. Currently, the IW complains of back pain with radiation to left leg and foot with associated numbness and pain. Physical examination from 12/5/14 documented not acute distress; lungs were clear and heart rate regular. Assessment documented work-related lumbar disc disease with chronic lower back pain and sciatica. Plan of care included doing home exercise, pain medications as ordered and referral to work hardening program. On 12/17/2014 Utilization Review non-certified physical therapy work hardening program, noting the documentation did not support the guideline criteria for a physical therapy work hardening program was met. The ACOEM Guidelines were cited. On 1/6/2015, the injured worker submitted an application for IMR for review of physical therapy work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy-work hardening program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 226.

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

Decision rationale: According to MTUS guidelines, "Work conditioning, work hardening Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program:(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee:(a) A documented specific job to return to with job demands that exceed abilities, OR(b) Documented on-the-job training(6) The 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.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury."A single visit for work hardening is recommended rather than 8 visits. This visit will determine if the patient is eligible for more sessions and if he can benefit from the program. Based on the above there is no documentation that the patient fulfilled the conditions to be eligible for work hardening program. Therefore, the request for Physical therapy-work hardening program is not medically necessary.