

Case Number:	CM15-0013811		
Date Assigned:	02/02/2015	Date of Injury:	09/07/2012
Decision Date:	03/18/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old female who sustained an industrial injury on 9/7/12. The injured worker reported symptoms in the back. The diagnoses included lumbago, and sprain sacroiliac left. Treatments to date include oral medications and activity restrictions. In a progress note dated 11/20/14 the treating provider reports the injured worker was with back pain rated at "5-6 out of 10", "mild to moderate tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness." On 1/15/15 Utilization Review non-certified the request for 10 sessions of work hardening program. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Work Hardening Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Hardening Page(s): 125.

Decision rationale: The MTUS Guidelines have very specific conditions to justify a formal work hardening program. These recommendations include a date of injury less than 2 years previously and a well defined specific job task(s) that is agreed upon by the employer and employee. These conditions are not met. Under these circumstances, the requested 10 sessions of work hardening are not supported by Guidelines and are not medically necessary.