

Case Number:	CM15-0014299		
Date Assigned:	02/02/2015	Date of Injury:	01/15/2013
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker (IW) is a 53-year-old female who sustained an industrial injury on 01/15/2013. She has reported lower back pain with decrease in sensation in the left lower extremity. Diagnoses include lumbar spondylosis with myelopathy. Treatment to date includes physical therapy evaluation done 09/02/2014 and a L5-S1 posterolateral laminectomy with medial facetectomy, foraminotomies and fusion done 08/19/2014 for repair of a L5-S1 disk herniation. The IW had 6 post-operative acupuncture treatments with no significant functional improvement. Post-operative work hardening therapy was requested as a means of active rehabilitation with the goal of functional improvement. In a progress note dated 12/29/2014, the treating provider reports the IW complains of constant moderate to severe pain described as sharp and aggravated by walking and maintaining prolonged positions. She also reported weakness in her right and left lower extremity. Objectively, the post-surgical scar had no abnormalities; ant the IW had 3+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L4 to S1. The straight leg raise test was positive bilaterally, and the S1 dermatome was decreased to light touch on the left. On 01/13/2015 Utilization Review non-certified a request for Work conditioning/hardening therapy for the lumbar spine x 10 visits, noting there were no indications that the claimant has reached plateau with physical therapy. In addition, there was no submission of a detailed job description and the functional activities and physical demands specific for the claimant's job. Additionally there was no specified return to work date and there was no documentation that the IW had made unsuccessful attempts to return to work. The MTUS Chronic Pain Guidelines, Work conditioning, work hardening, as well as Official

Disability Guidelines (ODG), Low Back were cited. On 01/13/2015 Utilization Review non-certified a request for Work hardening screening x1 noting there was no documentation that the IW had made unsuccessful attempts to return to work, no documentation of specific functional limitation as it relates to specific work activities, and no indication that the IW has reached maximal medical improvement. The ACOEM Guidelines, Chapter 2 General Approach to Initial Assessment and Documentation, and Official Disability Guidelines (ODG), Fitness for Duty were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning/Hardening Therapy for the Lumbar Spine (10 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: The California MTUS guidelines indicates that the criteria for participating in a work conditioning/work hardening program indicates that the injured employee should have participated in physical therapy were further improvement is not likely. There should also be a defined return to work goal and a specific job documented to return to. The attached medical record indicates that the injured employee is currently participating in postoperative physical therapy and has not reached a plateau were no further improvement has been made. Additionally, there is no documentation of the injured employee's job description and functional activity required by work hardening. For these reasons, this request for work conditioning/work hardening is not medically necessary.

Work Hardening Screening x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

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

Decision rationale: As the injured employee has been determined not to meet the accompanying standards to participate in a work hardening program, this request for a work hardening screening is also not medically necessary.