

Case Number:	CM15-0115675		
Date Assigned:	06/23/2015	Date of Injury:	08/28/2002
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year old male, who sustained an industrial injury on 8/28/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment to date has included Track I program, home exercise program, and medications. On 2/05/2015, the injured worker complains of stable pain at present but did report a couple of significant pain flare-ups since his last visit. He was able to get by with home exercise program and Naproxen. It was documented that the only treatment that helped him in the past was Track I program at [REDACTED], using DBA machines to strengthen his spine. He continued to hike in the mountains twice weekly and his home program also included elliptical, treadmill, and recumbent bike, three times weekly. The treatment plan included Therapy Track I: [REDACTED]. The rationale was to solidify self-management of pain and flare up management. He was currently retired and work status was permanent and stationary. On 4/21/2015, he continued to report flare ups. No changes in his exercise regime or medications were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Track I: [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening and physical medicine Page(s): 125-126 and 98-99.

Decision rationale: Therapy: Track I: [REDACTED] is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted states that on a 2/5/15 prescription the program description states that [REDACTED] is likened to a work hardening program. The program is for patients to gradually integrate patients into an independent gym program. The documentation states that the patient hikes one hour twice weekly in the mountains. His home exercise program includes elliptical, treadmill and recumbent bike three times weekly for 40 minutes along with stretching he learned at Spine One. The documentation indicates that the patient had a work injury in 2002. The MTUS states that for a work hardening program the worker must be no more than 2 years past date of injury. The MTUS encourages a transition to an independent home exercise program. The documentation states the program gets patients to integrate into a home exercise program. The documentation indicates that the patient has had extensive physical therapy and also is fully competent in a home exercise program. Therefore, this request is not medically necessary.