

Case Number:	CM15-0118028		
Date Assigned:	06/26/2015	Date of Injury:	10/28/2014
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on 10/28/2014. She has reported injury to the low back and sacrum. The diagnoses have included lumbago; fracture sacrum/coccyx, closed; lumbar sprain and strain; sacroiliac joint pain, discomfort, and inflammation; and osteoporosis. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. Medications have included Tylenol and Naproxen. A progress note from the treating physician, dated 05/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the low back and sacral region, rated at 1 on a scale of 1 to 10; she has tightness in her lumbar spine with pushing; the pain is better and is described as intermittent, dull, and burning; sitting, driving, and walking make the pain worse; lying flat make the pain less; she is take Tylenol and Naproxen for the pain; she has completed physical therapy; and is currently not working. Objective findings included mild tenderness to palpation bilaterally in the lumbar paraspinal distribution. The treatment plan has included the request for work hardening 3 x 4 weeks, lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 3 x 4 weeks, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work hardening program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening three times per week times four weeks to the lumbar spine is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one two weeks without evidence of compliance and demonstrated significant gains objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured workers working diagnoses are lumbosacral fracture, osteoporosis, and lumbar sprain and strain. The documentation from a May 14, 2015 progress note shows the injured worker has a lumbar ache and core weakness. The worker is 2 months post healing fracture and has residual tightness in the lower back. The injured worker takes Tylenol as needed. Objectively, there is tenderness palpation overlying the paraspinous lumbar muscle groups. Range of motion, motor and sensory examinations are otherwise normal. The gait is normal. The injured worker has been receiving physical therapy and progressing adequately. The total number of physical therapy sessions is not documented. Documentation of objective functional improvement is not present in the medical record. There is no plateau (of improvement) based on continued physical therapy. There is no functional capacity evaluation in the medical record. There is no job description in the medical record (other than a sedentary position). The guidelines (according to the utilization review) indicate that must be a functional limitation precluding ability to safely achieve current job demands, which are in the medium or higher demand level. The documentation provided did not indicate the injured worker's job demand level and there does not appear to be a functional capacity evaluation provided. There must be adequate trial of physical therapy provided by a plateau. There is no documentation the injured worker has plateaued as a result of ongoing physical therapy. There was a peer-to-peer conference call initiated by the utilization review provider. The treating provider explained the job description to the utilization reviewer. The injured worker is an insurance case manager will have to drive two hours at a time but otherwise perform sedentary activities, rarely light duty. Consequently, absent clinical documentation of current job demands in the medium or high demand level, a functional capacity evaluation, documentation of a plateau as a result of ongoing physical therapy and a mental health evaluation, work hardening three times per week times four weeks to the lumbar spine is not medically necessary.