

Case Number:	CM15-0120373		
Date Assigned:	06/30/2015	Date of Injury:	09/07/2001
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Family Practice

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 46-year-old male firefighter, who sustained an industrial injury on 9/7/01. He reported injury to his lower back while carrying a patient. The injured worker was diagnosed as having low back pain, lumbar disc disorder and lumbar radiculopathy. Treatment to date has included a lumbar MRI on 4/27/15 showing annular disc bulging at L5-S1, chiropractic treatments and lumbar spine surgery in 2005. As of the PR2 dated 5/12/15, the injured worker reports stiffness in the lower back that increases with activity. He rates his pain a 1/10 at best and a 6/10 at worst and 6/10 currently. Objective findings include lumbar range of motion restricted with flexion limited to 35 degrees and extension 25 degrees due to pain. He also has a positive straight leg raise test on the right at 50 degrees. The treating physician requested Rehab One Program (Work hardening program) 2 hrs twice/week (weeks) QTY: 12. The injured worker is working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehab One Program (Work hardening program) 2 hrs twice/week (weeks) QTY: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Work conditioning, work hardening Page(s): 124-125.

Decision rationale: According to the MTUS guidelines, certain criteria must be met prior to entering a work-conditioning program. The medical records do not establish that the injured worker meets the criteria of a work-conditioning program. The medical records do not establish a defined return to work goal agreed to by the employer and employee with a documented specific job to return to with job demands that exceed abilities. In addition, the medical records do not establish that the injured worker is not likely to benefit from continued general conditioning on an independent basis. Furthermore, the request for 12 sessions of work conditioning exceeds the amount of sessions recommended by the MTUS guidelines. The request for Rehab One Program (Work hardening program) 2 hrs twice/week (weeks) QTY: 12 is not medically necessary and appropriate.