MAXIMUS Federal Services

Case Number:	CM15-0122470		
Date Assigned:	07/06/2015	Date of Injury:	03/07/2014
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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: North Carolina
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 38-year-old male, who sustained an industrial injury on 3/7/14. Initial complaint was of a sharp stabbing pain in his low back. The injured worker was diagnosed as having lumbar and thoracic sprain/strain; rule out discopathy; testicular pain; anxiety; depression. Treatment to date has included physical therapy/aquatics; chiropractic therapy; medications. Currently, the PR-2 notes dated 5/15/15 indicated the injured worker complains of continued pain radiating down the lower extremities rated at 8/10. He reports therapy has helped him. On physical examination, the provider documents continued tenderness and guarding and decreased motor strength. He notes he will request work conditioning and ask for the prior MRI results and anticipate pain management and an EMG/NCV study if the MRI shows discopathy. PR-2 notes dated 2/13/15 by a chiropractor indicated the injured worker complained of low back pain that radiated to the left lower extremities and to the left testicle rating his pain at 9.5/10. This provider documents the injured worker has had physical therapy/aquatics (x80), acupuncture (x20), and an EMG/NCV study and MRI studies. He notes a physical examination revealing continued tenderness at T10 to L3 region midline, bilateral paraspinal musculature tenderness to the same region with positive Kemp's and a range of motion 90% of normal. This provider also is requesting the x-rays and MRI reports as well as work conditioning. The provider is requesting authorization for work conditioning twice a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning twice a week for 6 weeks for the lumbar spine: 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 hardening Page(s): 125.

Decision rationale: The California MTUS section on work hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e. , not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. ODG Physical Medicine Guidelines - Work Conditioning10 visits over 8 weeks. The request is in excess of the recommended amount of sessions. The provided clinical documentation does not supply an objective reason for the excess. Therefore, the request is not medically necessary.