

Case Number:	CM15-0126230		
Date Assigned:	07/10/2015	Date of Injury:	11/26/2013
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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 54-year-old male, who sustained an industrial injury on 11/26/2013. The mechanism of injury was a right ankle twist and a fall through flooring. The injured worker was diagnosed as having lumbar radiculopathy and sacroiliac sprain. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, chiropractic therapy and medication management. In a progress note dated 6/3/2015, the injured worker complains of low back pain with bilateral lower extremity parasthesias, rated 5/10. Physical examination showed restricted lumbar range of motion and paravertebral tenderness. The treating physician is requesting 8 sessions of work conditioning and Track I Active Rehabilitation Program, 2 sessions (2 hours per session) per week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Track I Active Rehabilitation Program, 2 sessions (2 hours per session) per week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter (Online Version) Work conditioning, Work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical medicine modalities as part of a treatment program. In these MTUS, guidelines are the recommendations for treatment frequency and duration. They specifically state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2): 8-10 visits over 4 weeks. In this case, the number of requested treatment sessions exceeds the above cited maximum number of visits and maximum duration of therapy. For this reason, a Track I Active Rehabilitation Program, 2 sessions per week for 12 weeks, is not medically necessary.

Work conditioning 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter (Online Version) Work conditioning, Work hardening.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the criteria for engagement in a work conditioning/work hardening program. The following are the criteria for this 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. In this case, the key issue is whether the patient meets criteria #9. Specifically the request is for 4 weeks of a work conditioning/work hardening program. However, the MTUS criteria

state that "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." In the Utilization Review process the request was modified for an approval for 2 sessions per week X 2 weeks. This action is consistent with the above cited MTUS guidelines and would allow for the opportunity to assess and document the above noted outcomes. For this reason, Work Conditioning 2 times a week for 4 weeks is not medically necessary.