MAXIMUS Federal Services

Case Number:	CM15-0178845		
Date Assigned:	09/21/2015	Date of Injury:	04/01/2013
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 4-01-2013. The injured worker is being treated for residual thora-lumbar strain and left meralgia parasthetica. Treatment to date has included medications, physical therapy, acupuncture, chiropractic care and activity modification. A bone scan completed on 7-22-2015 was normal. Per the Orthopedic Consultation Report dated 8-10-2015, the injured worker reported left sided low back pain; he has been off work. Objective findings included mild left lumbar tenderness with flexion of 60 degrees and extension of 5 degrees. Work status was modified. The plan of care included modified work, a trial of work hardening program, weight loss, home exercises and follow-up care. Authorization was requested on 8-11-2015 for follow-up and work hardening program #1. On 8-26-2015, Utilization Review non-certified the request for work hardening times one for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening times 1 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The patient presents on 08/10/15 with unrated left-sided lower back pain. The patient's date of injury is 04/01/13. The request is for WORK HARDENING TIMES 1 FOR THE LOW BACK. The RFA is dated 08/11/15. Physical examination dated 08/10/15 reveals tenderness to palpation of the left side of the lumbar spine and grossly negative neurological examination in the lower extremities. The patient's current medication regimen is not provided. Patient is currently advised to return to modified work. MTUS Guidelines, Work Conditioning/ Work Hardening section, page 125 has the following: "Criteria for admission to a Work Hardening Program: (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." In regard to the request for one session of a hardening/ conditioning program to improve this patient's overall workplace functionality, the treater has not satisfied guideline requirements for such a program. A review of the documentation provided does not reveal a defined return to work goal as agreed upon by the employer/ employee. It is noted that this patient is advised to avoid bending and lifting objects greater than 20 lbs in weight, though it is not clear to what extent his functional limitations preclude employment. There is no evidence that the requested hardening includes on-the-job training, either. Without documentation of a employer/employee agreement, or a specific discussion regarding return to a job that exceeds this patient's abilities, the requested work hardening cannot be substantiated. Therefore, the request IS NOT medically necessary.