

Case Number:	CM15-0034288		
Date Assigned:	03/02/2015	Date of Injury:	09/19/2013
Decision Date:	05/27/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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 19-year-old male, who sustained an industrial injury on 09/19/2013. The initial complaints or symptoms included low back pain/injury while trying to lift 10 semi-truck tires from ground level to overhead. The injured worker was diagnosed as having low back strain/sprain. Treatment to date has included conservative care, medications, conservative therapies, x-rays, and MRIs. Currently, the injured worker complains of continued ongoing low and mid back pain (rated 8/10). There were no reported changes in the injured worker's pain and it was reported that there was no current medication regimen. The diagnoses include thoracic spine strain/sprain and lumbar spine strain/sprain. The treatment plan consisted of a work conditioning program (8 sessions), medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

Decision rationale: The patient presents with mid back and low back pain, rated 8/10. The request is for WORK CONDITIONING X 8. Physical examination to the thoracic spine on 01/07/15 revealed stiffness and tightness to the paravertebral muscles. Physical examination to the lumbar spine revealed tenderness to palpation throughout the paravertebrals, worse on the L4-5 and L5-S1. Per 12/10/14 progress report, patient's diagnosis includes thoracic sprain and lumbar sprain. Patient's medication, per 11/12/14 progress report, includes Fenoprofen. Patient's work status is modified duties. The MTUS Guidelines pages 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. In progress report dated 01/07/15, the treater states that the patient will return to modified work duties with the restrictions of no repetitive bending, twisting, stooping, no lifting greater than 20 pounds and change position as needed. In this case, the treater has not discussed the results of the screening process that is required prior to consideration of work hardening or whether the patient has gone through the screening process or not. There is no documentation of a specific job to return to either, and whether or not the patient is able to tolerate the program as required by MTUS. The request does not meet the criteria for work conditioning and therefore, it IS NOT medically necessary.