

Case Number:	CM15-0064178		
Date Assigned:	04/10/2015	Date of Injury:	03/18/2014
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: Florida

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 55 year old male who sustained an industrial injury on 3/18/14. He has reported a low back injury after scrubbing floors in a crouched position and he pulled back and heard a pop in the left lower back with pain. The diagnoses have included lumbar radiculitis, low back pain. Lumbar strain and lumbar degenerative disc disease (DDD). Treatment to date has included medications, diagnostics, injection, physical therapy, home exercise program (HEP), Transcutaneous electrical nerve stimulation (TENS), The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 1/9/15. The x-rays of the lumbar spine were done on 12/5/14. The current medications included Norco and Naproxen topical compound. Currently, as per the physician progress note dated 3/3/15, the injured worker complains of significant morning soreness in the back and problems with sleeping due to pain. Physical exam of the lumbar spine revealed tenderness over the facet joints, left more than the right side, restricted range of motion, positive facet loading maneuvers bilaterally and stiff slow gait. The treatment plan was an appeal for authorization of the lumbar facet joint injection, re-fill of medications continue with work restrictions, and follow up in 1 month. The physician requested treatment included Work Hardening for four weeks, 28 days total with goal of having him return to work in a full duty status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening for four weeks, 28 days total: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 122.

Decision rationale: MTUS 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. Regarding this patient's case, the above criteria do not appear to be satisfied. For example, this patient is in an appeals process for a lumbar joint injection. MTUS criteria specifically states, "Not a candidate where surgery or other treatments would clearly be warranted to improve function." Additionally, there is no documented "defined return to work goal agreed to by the employer & employee." Also, 28 days total of work hardening is being requested. Guidelines specifically state, "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." For multiple reasons, this patient does not appear to be a candidate for a work hardening program at this time. This request is not medically necessary.