

Case Number:	CM15-0066730		
Date Assigned:	04/14/2015	Date of Injury:	05/30/2012
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old, female who sustained a work related injury on 5/30/12. The diagnoses have included intervertebral disc disorder, degenerative disc disease, sciatica and lumbar myelopathy. Treatments have included physical therapy, acupuncture, chiropractic treatments, epidural steroid injections, medications, modified work duties, x-rays, MRIs, CT scans, ice/heat therapy, and lumbar surgery. In the Re-evaluation note dated 2/26/15, the injured worker has had therapy and has 30% improvement. She can last only a half of a day doing significant activity. The treatment plan is a recommendation for the Work Hardening Program. In the Agreed Medical Reexamination report dated 3/12/15, the injured worker complains of low back pain. She has intermittent numbness and tingling from left groin down leg. She rates her pain a 6-7/10. It is a reasonable option for the work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening for the lumbar, once weekly for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125.

Decision rationale: The claimant is nearly 3 years status post work-related injury and underwent a lumbar spine fusion in December 2013. She had physical therapy and as of 03/11/15 had completed 20 physical therapy treatment sessions. She had reached a plateau and was limited by poor overall conditioning. The requesting provider documents a planned return to work at a light capacity but being currently limited by a tolerance of less than half a day. Being requested is a work hardening program one time per week for 12 weeks. Criteria for a Work Conditioning Program include completion of an adequate trial of therapy with improvement followed by plateau as in this case. The purpose of a work hardening/conditioning program is to recondition the worker in preparation for to return to work. Participating only one time per week would not be expected to result in reconditioning. In addition, criteria include that the program should be completed in four consecutive weeks. Treatment is not supported for longer than one-two weeks without evidence of a progression towards the treatment goals. Therefore, this request for weekly work hardening/conditioning visits is not medically necessary.