

Case Number:	CM15-0068741		
Date Assigned:	04/16/2015	Date of Injury:	11/03/2009
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female, who sustained an industrial injury on November 3, 2009. Treatment to date has included physical therapy, medications, MRI of the lumbar spine, acupuncture therapy, massage therapy and water therapy. Currently, the injured worker complains of low back pain. Objective findings included tenderness of the lumbar paraspinals and over the left and right sacroiliac joint. Diagnoses associated with the request included lumbar radiculopathy and myofascial pain syndrome. Her treatment plan includes permanent modified work restrictions and 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 PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK HARDENING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The injured worker sustained a work related injury on November 3, 2009. The medical records provided indicate the diagnosis of lumbar radiculopathy and myofascial pain syndrome. Her treatment plan includes permanent modified work restrictions and work hardening program. Treatments have included physical therapy, medications. The medical records provided for review do not indicate a medical necessity for Work Hardening. The MTUS does not recommend Work Hardening more than 2 years past date of injury. The report indicates she sustained the injury in 2009; she has been on retirement for three years. The request is not medically necessary.