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| Case Number: | CM15-0068817 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 07/31/2012 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/05/2015 |
| 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: California

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 39-year-old male with an industrial injury dated 07/31/2012. His diagnosis includes lumbar spine herniated nucleus pulposus with radiculopathy, gastritis related to medications, chronic low back pain, stress, anxiety and depression. Prior treatment includes surgery (laminectomy), injections and psychologist visit for medications. He presents on 01/20/2015 with complaints of weakness and pain in his back. Physical exam revealed tenderness in thoracic and lumbar spine. There was decreased sensation in left leg. The provider notes the injured worker is incapable of returning to work at this time due to his condition. The plan of treatment includes physical therapy sessions with work hardening for the lumbar spine. A progress report dated March 4, 2015 recommends follow-up when lumbar spine surgery be approved and follow-up for psych testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits with work hardening for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-6 of 127.

Decision rationale: Regarding the request for Work hardening, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands, which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work-conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level and that the patient is unable to perform those duties. Additionally, it appears that further treatment is being recommended. In the absence of clarity regarding those issues, the currently requested work hardening is not medically necessary.