

Case Number:	CM15-0077129		
Date Assigned:	04/28/2015	Date of Injury:	12/16/2013
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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 34-year-old female, who sustained an industrial injury on 12/16/2013. She reported neck pain after a slip and fall. The injured worker was diagnosed as having cervical spine disc disease, status post cervical fusion. Treatment to date has included medications, physical therapy, work conditioning, neck surgery, and x-rays. The request is for additional work conditioning for the cervical spine. On 4/9/2015, she was seen for neurosurgical follow up. She had continued neck pain. The treatment plan included physical therapy. The records indicate she has had gradual improvement with therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional work conditioning 3x6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning.

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

Decision rationale: The claimant sustained a work-related injury in December 2013 and underwent an anterior cervical decompression and fusion in November 2014. Treatments have included post-operative physical therapy with approximately 18 treatments from 02/20/15 through 04/01/15. When seen by the requesting provider, the report references consideration of return to work after the additional therapy being requested. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, return to work goals are not defined including the physical demand capability needed to return to work. Therefore, the requested sessions of work hardening are not medically necessary.