

Case Number:	CM15-0095976		
Date Assigned:	05/22/2015	Date of Injury:	03/11/2014
Decision Date:	07/07/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/19/2015

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 43 year old male, who sustained an industrial injury on 03/11/2014. The injured worker reported lumbar spine injury secondary to specific trauma at work while performing usual and customary work duties. On provider visit dated 03/19/2015 the injured worker has reported 50% improvement in his low back pain since undergoing a repeat lumbar epidural injections and he does not experience radicular leg pain. On examination of the lumbar spine he was noted to have decreased in range of motion. The diagnoses have included lumbosacral sprain with radicular symptoms and a small to moderate disc herniation at L4-L5 and L5-S1 with annular tears with neuroforaminal stenosis at L5-S1. Treatment to date has included injections, chiropractic therapy and medication. The injured worker was noted to wanting to try to return to work therefore, the provider requested work conditioning x 12 sessions for the low back in an effort to build strength and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning x 12 sessions for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning Physical Therapy Guidelines.

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 March 2014 and continues to be treated for radiating low back pain. He works as a Merchandizer and has a heavy PDL requirement. When seen, there had been improvement after an epidural steroid injection. He was no longer having radiating symptoms. He wanted to try to return to unrestricted work. Physical examination findings included decreased lumbar range of motion with normal strength and sensation. Work restrictions a a light PDL capacity were continued. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. In this case, there are no apparent ongoing functional limitations. A functional capacity evaluation might be helpful in determining the claimant's current capacity and potential need for work hardening. This request for 12 sessions of work hardening was not medically necessary.