

Case Number:	CM15-0096474		
Date Assigned:	05/26/2015	Date of Injury:	09/12/2014
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
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: Texas, New York, California
 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 applicant is a represented 28-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of December 12, 2014. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve requests for work hardening-work conditioning and seemingly associated functional capacity evaluation. A RFA form received on April 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 6, 2015, the attending provider set forth a somewhat ambiguous request for work hardening and/or work conditioning, 10 total visits at a rate of three visits per week. In an associated progress note of the same date, April 6, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain. A functional capacity evaluation was sought, the treating provider stated, to ascertain whether or not the applicant had or had not reached maximal medical improvement. The attending provider separately sought authorization for work hardening and/or work conditioning. Towards the bottom of the report, the attending provider stated that he has released the applicant to regular duty work. It was not clearly stated, however, whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening/Conditioning Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for work hardening and/or work conditioning was not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work hardening program and/or work conditioning program is evidence that an applicant has a work-related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands. Here, however, the applicant was returned to regular duty work on the April 6, 2015 progress note at issue. It was not clearly stated or clearly established why (or if) the applicant was unable or incapable of meeting job demands and/or job duties as of that date. Therefore, the request was not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for a functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a Functional Capacity Evaluation may be required as a precursor to admission to a work hardening program, here, however, the primary request for a work hardening-work conditioning program was deemed not medically necessary, in question #1. Therefore, the derivative or companion request for an associated functional capacity evaluation was likewise not medically necessary.