

Case Number:	CM15-0096624		
Date Assigned:	05/28/2015	Date of Injury:	07/28/2014
Decision Date:	06/26/2015	UR Denial Date:	04/09/2015
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 (IW) is a 27-year-old female who sustained an industrial injury on 07/28/2014. Diagnoses include thoracic and lumbar disc displacement without myelopathy and sciatica. MRI of the lumbar spine and x-rays were done; however, there were no reports submitted. The electrodiagnostic study on 2/19/15 was normal. Treatment to date has included medications, bracing, activity modifications, work hardening screening, chiropractic treatment and physical therapy. According to the progress notes dated 3/25/15, the IW reported constant, moderate, sharp low back pain and intermittent, moderate, burning/dull mid-back pain. On examination, a trigger point was noted in the bilateral paraspinal muscles from T8 to T12. There was 1+ spasms and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. The left Achilles reflex was decreased. The IW had completed nine physical therapy sessions. A request was made for 10 sessions of work hardening/conditioning for the lumbar spine to increase the IW's work capacity and activities of daily living, to decrease the need for medication and to decrease work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/conditioning x 10 for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical medicine guidelines-work conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125.

Decision rationale: The claimant sustained a work-related injury in July 2014 and continues to be treated for low back pain. She has a heavy PDL job requirement. A functional capacity evaluation found that she had a light capacity. She has completed physical therapy treatments and no further interventions are being planned. When seen, there was paraspinal muscle spasms and trigger points were present. Yeoman's testing was positive. 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. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, work conditioning would be appropriate for this claimant, and it is being appropriately requested in terms of intensity. It is medically necessary.