

Case Number:	CM14-0141692		
Date Assigned:	09/10/2014	Date of Injury:	03/05/2014
Decision Date:	10/07/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old male with an injury date on 03/05/2014. Based on the 08/04/2014 progress report provided, the patient complains of pain sleeping. The patient has decreased pain during the day and hurts to stand or sit. The progress reports do not discuss any positive exam findings. The patient is diagnosed with compression Fx. The provider is requesting for a work hardening program. The utilization review determination being challenged is dated 08/21/2014. Requesting provider provided treatment reports from 03/05/2014 to 09/03/2014. All six of the progress reports provided are hand-written and brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back

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

Decision rationale: According to the 08/04/2014 report, this patient presents with pain sleeping. The treater is requesting for a work hardening program. Duration and frequency of the request

are not mentioned. Other than the request, there is no specific discussion regarding the request. Regarding work hardening program, MTUS guidelines require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/week; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. In this case, there is no documentation of a job to return to, no discussion regarding screening and whether or not the patient is able to tolerate the program. The request is not medically necessary.