

<b>Case Number:</b>	CM13-0006496		
<b>Date Assigned:</b>	08/23/2013	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

### 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 underlying date of injury in this case is 09/18/2012. The patient's treating diagnoses include left L4-5 and right L5-S1 disc protrusion with radiculopathy, full-thickness right rotator cuff tear, cervical radiculopathy, thoracic segmental dysfunction, and posttraumatic myofascial pain. On 07/16/2013, the patient was seen in follow-up by her treating physician and was noted to be experiencing increasing low back symptoms with her job duties. She described increasing low back symptoms and demonstrated increasing muscle guarding and pain in her back. She was taken off work by her treating physician until 07/24/2013. The treating provided requested that an additional 8 sessions of treatment for evaluation and work conditioning and re-requested a physical medicine rehabilitation consultation. Initial physician reviews recommended non-certification of the request for 8 sessions for evaluation and work conditioning and recommended certification of physical medicine and rehabilitation evaluation. This review notes general guidelines but does not specifically apply it to this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The 8 sessions for evaluation and work conditioning:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Work Conditioning, Work Hardening Page(s): 125.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Work Conditioning, Work Hardening, page 125, states regarding criteria for admission to a work hardening or work conditioning program, "A Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. Work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. After treatment, with an adequate trial of physical or occupational therapy and with improvement followed by a plateau." Thus, the guidelines have very specific criteria for enrolling in a work conditioning program. The medical records submitted for review have not documented that this patient has undergone Functional Capacity Evaluation or the other criteria for enrollment in a work conditioning program. Therefore, this request appears to be premature. The request for the 8 sessions for evaluation and work conditioning is not medically necessary and appropriate.

**The request for 1 PMR evaluation for assessment and pain management options:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**