

<b>Case Number:</b>	CM13-0013416		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Internal Medicine and Pulmonary Diseases 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. 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 46-year-old male who reported a work-related injury on 09/16/2003 as result of strain to the lumbar spine. Subsequently, the patient is followed for treatment of the following diagnoses, status post microlumbar discectomy as of 05/26/2011 and lumbar radiculopathy. The clinical note dated 08/02/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued low back pain extending to the left thigh region which the patient rates 8/10. The provider documents the patient is very limited in activities to include standing and ambulation. The provider documents the patient is not utilizing any pain medications, but is requesting trial of a non-narcotic medication. Upon physical exam of the patient, range of motion of the lumbar spine was 40 degrees of flexion, 5 degrees extension, and bilateral lateral bend at 10 to 15 degrees. Motor strength was noted to be 5/5 throughout the left lower extremity; 4+/5 to the right lower extremity. The provider documents recommendation for the patient to undergo a work conditioning program at 3 times a week for 6 weeks in order to adjust the patient's ongoing decondition status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Work Conditioning three (3) times a week for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The current request is not supported. The patient presents with a date of injury of over 10 years in duration and continued lumbar spine pain complaints status post a work-related injury. The provider is recommending the patient utilize 18 sessions of a work conditioning program. Review of the clinical documents submitted failed to evidence utilization of any active treatment modalities other than acupuncture for the patient's pain complaints. The clinical notes do not indicate when the patient last utilized supervised therapeutic interventions and the efficacy of treatment. California MTUS indicates 10 visits over 8 weeks are supported for patients who had an adequate course of physical or occupational therapy with improvement followed by plateau. In addition, guidelines indicate the worker must be no more than 2 years past date of injury. Workers that have not returned to work by 2 years post injury may not benefit. Given all of the above, the request for Work Conditioning three (3) times a week for six (6) weeks is not medically necessary or appropriate.