

<b>Case Number:</b>	CM13-0018185		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Occupational Medicine, 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:

This is a 36-year-old male with a date of injury of May 27, 2011. Progress note dated August 28, 2013 states the patient is now set his post right knee procedure on May 8, 2013. He has persistent right knee pain and has gone through physical therapy for the knee. He has radicular pain in the left leg is persistent continuous but it's improved since the lumbar spine decompression on October 10, 2011. He can flex the lumbar spine and 80° has straight leg raising positive at 90° with the degree of pain down the left leg and hamstring. MRI shows L5 compression. Patient states he is going to proceed with surgical partial facetectomy and re-do discectomy on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of work hardening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 hardening Page(s): 125.

**Decision rationale:** This treatment is NOT medically necessary. CA MTUS chronic pain guidelines discuss work hardening on page 125. There are specific criteria that intimate riots or work hardening program admission, one is where the patient is not a candidate for surgery or other treatments. This patient is agreeing to undergo lumbar surgery as of August 2013. In addition the patient is more than two years past the date of injury. Guidelines suggest workers who are more than two years past the date of injury may not benefit from a work hardening program. Therefore as the patient is not meet criteria for work hardening this request is not meant necessary.