

<b>Case Number:</b>	CM13-0022562		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 34-year-old male who reported an injury on 08/23/2012. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar herniated pulposus at L5-S1, spondylosis at L5-S1 bilaterally with tropism, anxiety, mild obesity, and insomnia. Previous treatments included medications, physical therapy, MRI, and epidural steroid injections. Within the clinical note date 12/31/2013, reported the injured worker complained of moderate low back pain. On the physical examination, the provider noted range of motion of the back is flexion at 50 degrees. It was also noted the injured worker had a positive straight leg raise. He indicated the injured worker's sensation was intact. The injured worker was able to perform a heel and toe walk. The request submitted is for work conditioning 2 times a week for 6 weeks, a total of 12 sessions for the lumbar. However, a rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK CONDITIONING 2 X WK X 6 WKS (12) LUMBAR:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 25.

**Decision rationale:** The request for work conditioning 2 times a week for 6 weeks, 12 sessions for the lumbar, is non-certified. The injured worker complained of moderate low back pain. The California MTUS Guidelines recommend work conditioning as an option, depending on the availability of quality programs. Work injuries with conditions of musculoskeletal functional limitations that hinder the injured worker's ability to safely do the demands of their current job can be considered for work hardening programs. A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capabilities below an employer's verified physical demands analysis. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities, completion of a rehabilitation program including work hardening, work conditioning, and outpatient medical rehab neither re-enrollment nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The guidelines note 10 visits over 8 weeks are recommended. Guidelines note work conditioning participation does not preclude currently being at work. The request submitted for 12 sessions exceeds the guidelines recommendations of 10 visits over 8 weeks. There is lack of documentation indicating the injured worker has undergone a functional capacity evaluation showing consistent results with maximal effort, demonstrating capacity below the employer's verified physical demands. Clinical documentation submitted indicated the injured worker has undergone physical therapy; however, there is lack of documentation indicating the efficacy of the physical therapy. There is lack of documentation indicating on the job training. The provider's rationale for the request was not provided for clinical review. Therefore, the request for work conditioning 2 times a week for 6 weeks for 12 sessions in the lumbar is not medically necessary.