

<b>Case Number:</b>	CM13-0022802		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 sustained a work injury on 08/04/11 while cutting a street with a jackhammer. 1 hour later he noted back pain. Within 2 weeks he had radiating left leg pain with numbness along the lateral ankle. He received physical therapy and medications, and a left LS and SI transforaminal epidural injection on 08/31/12, which were helpful. Unfortunately, he did not recover to the extent where he could return back to his regular work. He is on modified duty. A functional capacity evaluation was obtained on 03/23/13 noting that he would require at least 12 sessions of work hardening to restore function such that he could return back to gainful employment. This FCE evaluation indicated that the patient at this time was unable to return to work in his capacity as a construction worker on a full time basis at this time due to his inability to lift more than 25 lbs, perform low level work (crouching, bending or, looping) on a frequent basis and his inability to dynamically stand while operating heavy equipment. Per documentation 6 visits of work conditioning were authorized prior. Per documentation patient continues to be restricted in the majority of lifting and carrying demands, as well as sitting, standing, and driving beyond 60 minutes, lifting and carrying weight beyond 35 pounds amplify lower back pain and symptoms. Although patient achieved positive job-specific functional improvement, patient had not met the heavy strength demand level required to return to full-duty. A prior UR determined 12 additional work hardening sessions were not medically necessary and modified this request to 4 additional sessions. This review addresses the 12 additional sessions again.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 12 additional sessions of work hardening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per guidelines 12 additional sessions of work hardening treatment is not medically necessary as written. The ODG recommends 10 visits over 8 weeks. Therefore, an additional 12 sessions of work hardening exceeds guidelines and is not medically necessary. Patient has had 6 sessions already of work hardening .Patient continues to be unable to return to full duty and has carrying restrictions no greater than 30 lbs. The MTUS states that work hardening is not supported for longer than 1-2 weeks without evidence of patient demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.