

<b>Case Number:</b>	CM13-0030919		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Ohio and Texas. 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 32-year-old female who reported a work-related injury on April 25, 2011. Recent clinical documentation submitted for review stated that the patient had been gradually improving, but the patient was recently struck by a car on the left side as the car was trying to drive into a parking spot and has had some persistent pain since then. Physical exam revealed pain on palpation in a band-like fashion of the low back radiating down to the buttock and the posterior thigh. Her distal neurovascular function was intact except for some numbness in the right L5 distribution. The patient was diagnosed with back and radiating right buttock and leg pain, symptoms were consistent with possible sacroiliac joint disease. Her medications included steroid cream, fish oil twice a day, ibuprofen 800mg 3 times a day and Soma 350mg twice a day. The patient has undergone injections, chiropractic treatments and a home exercise program. The request was made for work hardening for 9 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**nine (9) sessions of work hardening:** 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 Work Conditioning, Work Hardening Section Page(s): 125-126.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines indicate work hardening is recommended when a patient has plateaued in treatment and is not likely to benefit from continued physical or occupational therapy, or general conditioning. There was no clinical documentation stating that the patient had reached a plateau with physical or occupational therapy. Guidelines further state that the patient must not be a candidate for surgery or other treatments that would clearly be warranted to improve function. Recent clinical documentation submitted for review reported that the patient stated that if surgery was ultimately recommended that she might consider proceeding with such a treatment. The clinical documentation submitted for review does not support the request for a work hardening program. As such, the request for nine (9) sessions of a work hardening program is non-certified.