

<b>Case Number:</b>	CM13-0045705		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Orthopedic Surgery 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 32-year-old gentleman who was injured in a work related accident on 03/12/13 as he was lifting a jug of water and noticed the onset of cervical, thoracic, and lumbar complaints. The most recent clinical assessment for review on 10/30/13 documented continued subjective complaints of thoracic, cervical, and lumbar pain with physical examination showing tenderness to palpation and spasm of the cervical spine, spasm of the thoracic spine and lumbar examination of restricted range of motion, diminished hamstring reflex and Achilles reflex on the right, and positive straight leg raising. The claimant was diagnosed on that date with cervical and lumbar spondylosis and thoracic disc displacement. Continued treatment in the form of acupuncture was recommended as well as medications in the form of topical compounded creams, Naprosyn, and Tramadol. The request for six sessions of a work hardening program was also made between 10/09/13 and 11/23/13. Clinical imaging was not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of Work Hardening Program between 10/9/2013 and 11/23/2013 is not medically necessary and appropriate.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on California MTUS Chronic Pain 2009 Guidelines, six sessions of a work hardening program cannot be supported. The Chronic Pain Guideline for a work hardening program recommend that a musculoskeletal condition must limit function with an inability to perform medium or high demand level work as documented or supported by a functional capacity examination. It also indicates that the claimant should have exhaustion conservative care, including physical and occupational therapy and should be noted to have plateaued. The clinical records for review fail to identify a recent functional capacity examination or demonstrate that the claimant has completed a recent course of physical and occupational therapy and plateaued in progress. This specific request for work hardening in this case based on clinical records for review would not be indicated.