

<b>Case Number:</b>	CM13-0047924		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/18/2000
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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 47 year old male with an injury from January 2000. The listed diagnoses per [REDACTED] [REDACTED] date 09/25/13 are: (1) Degenerative joint/degenerative disease of the lumbar spine, (2) Chronic lumbar radiculopathy, (3) Lumbar disc protrusion at L1-L2, L3-L4, L4-L5 and L5-S1 with degenerative retrolisthesis at L4-L5 and spondylolithesis at L5-S1, and (4) Status probable percutaneous lumbar discectomy, 2000. According to the progress report dated 09/25/13 by [REDACTED], the patient has been having flare-ups in low back pain with attempts to increase activity; he had continued with light-duty work activities. Physical examination shows that the patient walks with a non antalgic gait and is able to heel and toe walk without difficulty. There is tenderness to palpation in the upper, mid and lower paravertebral muscles. Range of motion of the hip is satisfactory without discomfort. His x-rays show degenerative changes with spinal at the L5-S1 level. The provider is requesting 12 work conditioning sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning for the lumbar spine (12 sessions - 2 times a week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines - Work Conditioning

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

**Decision rationale:** The patient presents with chronic low back pain. The provider is requesting 12 work conditioning sessions for the lumbar spine per report 9/25/13. This report does not discuss the reason for the request. A review of the file does not include the patient's therapy history. The provider notes that the patient is working with modified duty. The MTUS guidelines state that work conditioning is for work related musculoskeletal conditions with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. Also, the worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. In this case, the patient has already returned to work with modified duty. The patient's injury is also from 2000, which is more than 2 years ago. The provider does not explain why he is recommending work hardening at this juncture. Therefore, the requested work conditioning sessions are not medically necessary or appropriate at this time.