

<b>Case Number:</b>	CM13-0066600		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 12, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from previous provider in various specialties, MRI imaging of the thoracic spine of July 31, 2013, notable for multilevel disk desiccation of uncertain clinical significance, MRI imaging of the cervical spine of July 30, 2013, again notable for multilevel low-grade disk bulge of uncertain clinical significance, MRI imaging of the lumbar spine of July 31, 2013, again notable for multilevel disk protrusions, most prominent at L4-L5 and L5-S1, which are associated with neuroforaminal narrowing and thecal sac indentation, topical compounds, and work restrictions. It did not appear that the applicant is working with said limitations in place. In a utilization review report of December 6, 2013, the claims administrator denied a request for 10 sessions of work hardening, stating that the applicant had completed six sessions of work hardening to date. The applicant's attorney subsequently appealed. In an October 30, 2013 progress note, the applicant was described as having persistent neck, mid back, and low back pain. Acupuncture, topical compound, Naprosyn, and Tramadol were endorsed, along with the rather proscriptive 20-pound lifting limitation. It was stated that the applicant's employer could not accommodate the limitation in question. The applicant underwent computerized range of motion testing on July 22, 2013. The results of the same were not clearly reported. On August 14, 2013, the applicant was placed off of work, on total temporary disability. A functional capacity evaluation was endorsed, along with the program of conservative therapy. In a September 18, 2013 functional capacity evaluation, the claimant's chiropractor stated that he did not meet the strength requirements to work as a general laborer. It was stated that the applicant tested within the

sedentary physical demand level while his job required performance at the heavy physical demand level.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TEN SESSIONS OF [REDACTED] PROGRAM:** Upheld

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

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

**Decision rationale:** As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, work hardening or work conditioning can be recommended as an "option," after treatment with an adequate trial of physical or occupational therapy in individuals who are not likely to benefit from continued physical or occupational therapy or general conditioning. In this case, however, it is not clearly stated why the claimant would not benefit from continued physical therapy and/or general conditioning. It is further noted that the attending provider was seeking authorization for acupuncture on October 30, 2013. It was unclear the applicant had in fact obtained the acupuncture prior to the date of the utilization review report, December 6, 2013. Another criteria for pursuit of work hardening includes evidence that an applicant has a clearly defined return to work goal agreed upon by both the applicant and employer. In this case, however, it is not clearly stated that the applicant has a job to return to, intends to return to the workplace and/or workforce, and/or has any kind of clear return to work goal. Finally, the validity and reproducibility of the functional capacity evaluation is unclear. It is unclear whether the applicant in fact exerted optimal or maximal effort on the FCE in question. Several MTUS criteria for pursuit of work hardening have seemingly not been met. Therefore, the request remains not certified, on independent medical review.