

<b>Case Number:</b>	CM14-0000301		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 22 year old female with a reported date of injury on 07/10/2012. The injury reportedly occurred when the injured worker fell while carrying a ten pound box. According to the clinical documents provided the injured worker received physical therapy in July 2012, the injured worker reported the physical therapy provided "no benefit". An MRI performed on 08/20/2012 revealed a left sided disc bulge at L5-S1 and mild canal stenosis. According to the clinical note dated 10/12/2012, the injured worker presented with a positive left straight leg raise at 60 degrees. The injured worker's range of motion values were all reported as "normal", motor strength in lower extremities was 5/5. Diagnoses included herniated nucleus pulposus at L5-S1 and left L5 radiculopathy. The injured workers medication regimen included Norco, Prilosec, Anaprox, and Ketoprofen cream. The request for authorization of Work Conditioning two times a week for six weeks was submitted on 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK CONDITIONING TWO TIMES A WEEK FOR SIX WEEKS:** Upheld

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

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

**Decision rationale:** According to the CA MTUS guidelines work conditioning is recommended after treatment with an adequate trial of physical therapy with documented improvement followed by a plateau. The worker must be able to benefit from the program, the treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains in functional abilities. According to the clinical documentation provided the injured worker previously participated in physical therapy (dates unknown). Documentation states that the injured worker received "no benefit" from the physical therapy visits. Furthermore, guidelines recommend work conditioning at 10 visits over 8 weeks. The request for a total of 12 visits exceeds the recommended guidelines. Therefore, the request for work conditioning two times a week for six weeks is not medically necessary.