

<b>Case Number:</b>	CM14-0014508		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 patient is a 56-year-old male who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy, associated with an industrial injury date of 08/24/2012. The medical records from 08/23/2013 to 12/23/2013 were reviewed and showed that the patient complained of minimal back pain, and lower extremity weakness. The patient states that he needs to be able to climb 40-50 feet up and down the ladder at work. The patient continues with home exercise program as tolerated and as prescribed. The physical examination showed right extensor hallucis longus and right lower extremity weakness. The range of motion was normal and sensation was intact. Treatment to date has included: medications, physical therapy, epidural steroid injection, and L3-L4 laminectomy and discectomy (08/27/2013).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK HARDENING FOR THE LUMBAR SPINE, 3X4:** 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 Page(s): 125.

**Decision rationale:** As stated on page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines, work hardening is recommended as an option for chronic pain. The criteria for a work hardening program (WHP) include a functional capacity evaluation showing consistent results with maximal effort; an adequate trial of physical or occupational therapy with improvement followed by plateau; a poor surgical candidate; and a defined return to work goal agreed to by the employer & employee. WHPs should be completed in 4 weeks consecutively or less. In this case, the patient complains of minimal back pain and right lower extremity weakness despite medications, physical therapy, and surgery. The medical records submitted for review showed that patient is currently 10 months post-operative, and has had 11 post-operative physical therapy sessions. The patient considers his improvement to be slow and steady. He still has difficulty going up and down the stairs which is essential to his job. However, the medical records submitted for review do not include a return to work agreement between the employer and employee, nor a functional capacity evaluation report. The criteria have not been met. Therefore, the request for Work Hardening for the lumbar spine is not medically necessary.