

<b>Case Number:</b>	CM14-0015352		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Neurological Surgery. 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 records presented for review indicate this 51-year-old female was injured on November 09, 2012. The mechanism of injury is reported as a slip and fall associating with mopping a floor. The treatment to date has included chiropractic care. The current complaints include low back pain. The diagnosis is noted as lumbalgia. A previous handwritten and somewhat cryptic progress note indicates a surgery was pending. At this time, a work conditioning program was suggested. A decrease in lumbar spine range of motion is indicated in this note. Urine drug screening was completed. A subsequent progress note indicated right shoulder pain and decreased range of motion of the lumbar spine. Enhanced imaging study of the right shoulder was obtained. Orthopedic consultation indicated additional conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **WORK CONDITIONING LUMBAR SPINE 3X6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WORK HARDENING,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009); WORK CONDITIONING/WORK HARDENIN.

**Decision rationale:** As noted in the MTUS, there are multiple criteria for admission to a work hardening/work conditioning protocol. One of the criterion is that there is objectification of a specific occupation to return to. This was not presented in the progression of the injured's care for review. As such, there is insufficient clinical evidence presented to support this request.