

<b>Case Number:</b>	CM14-0124348		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 08/28/2012 reportedly while working for [REDACTED]. He was a ramp service provider and injured his back during moving heavy freight items. The injured worker's treatment history included medications, MRI, therapy, Functional Restoration Program, psychological testing, and chiropractic treatment. Within the documentation submitted, the injured worker's treatment began for Functional Restoration Program on 03/31/2014 and ended 05/09/2014 completing 160 hours. It was reported that he had significant improvements in his mood and mental status, his ability to engage in activities of daily living, and overall functionality. He was evaluated on 07/09/2014 and it was documented the injured worker complained of stiffness of and weakness in his leg and back. It was noted the injured worker did learn some home exercise program while at the Functional Restoration Program. This program did help to improve some of his strength and range of motion at the spine. It was noted the injured worker wanted to be educated and guided about how to do his work activities more safely and ergonomically. The injured worker would like to return to work for [REDACTED] removing baggage from the planes. Within the documentation, the injured worker will start acupuncture on 07/22/2014. The provider noted the injured worker stated the Functional Restoration Program helped him mentally because he had improvement in his depression during the program and he wanted to be more active and return to work. Objective findings revealed normal muscle tone without atrophy in the right/left bilateral upper extremities and the right/left bilateral lower extremities. Lumbar spine examination revealed extension was 20 degrees, normal lumbar flexion, normal bilateral lateral bending, straight leg raise was negative. Spasm and guarding was noted in the lumbar spine. Lumbar spine motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion and ankle inversion, and extensor hallucis longus. Medications included ibuprofen 600 mg. Diagnoses

included lumbar disc displacement without myelopathy. The provider noted that the injured worker needs more of a work hardening type of program to make sure that he can perform the movements involved for his job on a repetitive basis but perform them safely. He may be instructed in different ways of performing his job duties. Request for Authorization was not submitted for this review.

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

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

#### **12 Sessions Work Hardening: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Guidelines state that work hardening is recommended as an option depending on the availability of quality programs. The criteria for admission to the work hardening program include the following: (1) work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; (3) not a candidate where surgery or other treatments would clearly be warranted to improve function; (4) physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; (5) a defined return to work goal agreed to by the employer & employee: (a) a documented specific job to return to with job demands that exceed abilities, OR (b) documented on-the-job training (6) the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) 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; (8) program timelines: work hardening programs should be completed in 4 weeks consecutively or less; (9) 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 and measurable improvement in functional abilities; and (10) upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The documents submitted indicated the injured worker had functional restoration program completing 160 hours with significant improvements in his mood and mental status, his ability to engage in of daily living, and his overall functionality. In addition, it was documented the injured worker had prior sessions of physical therapy sessions; however, the outcome measurements were not provided.

Given the above, the request for 12 sessions of work hardening screening is not medically necessary and appropriate.