

<b>Case Number:</b>	CM14-0172519		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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:

This is a 39-year-old male with a 3/7/14 date of injury. According to a progress report dated 7/9/14, the patient stated that he was nearly symptom-free 2 days ago and felt that he could return to work, however, his back is very painful on the right side rating it as high as 8-9/10. He is having trouble sitting for more than 45 minutes and has trouble walking. Objective findings: lumbar spine spasms, limited lumbar range of motion with guarding. Diagnostic impression: lumbar sprain/strain, probable lumbar degenerative disc disease, lumbar stenosis, and spasm. Treatment to date: medication management, activity modification, physical therapy, chiropractic care, acupuncture. A UR decision dated 9/20/14 denied the request for work hardening. The work hardening is not medically necessary as there is no FCE to verify what the patient is capable of doing. His job description has been provided, but his current level of functioning has not. The request for 12 sessions exceeds MTUS criteria for 1-2 weeks of work hardening initially on a trial basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) work hardening visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and Work Hardening Page(s): 125-126.

**Decision rationale:** CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. However, in the present case, there is no documentation of a screening process that includes file review, interview, and testing to determine likelihood of success in a work hardening program. In addition, guidelines do not support treatment 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. This is a request for 12 visits, which exceeds guideline recommendations of 10 visits over 4 weeks. Therefore, the request for 12 work hardening visits for the lumbar spine was not medically necessary.