

<b>Case Number:</b>	CM14-0173382		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 59 year old male with an injury date on 12/17/2012. Based on the 09/08/2014 progress report provided by [REDACTED], the diagnoses are: 1. Acute lumbar strain, rule out disc herniation 2. Repetitive strain to the cervical spine and both arms 3. Multiple hernias 4. Residual pain status post hernia repair 5. Left testicle pain According to this report, the patient complains of cervical and lumbar pain that radiates to the upper and lower extremities. Pain is also noted at the bilateral wrist, bilateral hand, finger pain, and bilateral upper extremity pain as well as issues related to hernia and internal issues. The patient "rates his cervical and lumbar pain at 6/10, frequent; wrist and hand pain at 7/10, frequent." Rest and medication would alleviate the pain and pain is made worse with activities. Physical exam reveals decreased cervical and lumbar range of motion. Positive straight leg raise test. "The patient is currently working in the same occupation." There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/06/2014 to 09/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening program x12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work hardening Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines work hardening program under chronic pain section Page(s): 125.

**Decision rationale:** According to the 09/08/2014 report by treating physician this patient presents with pain at the cervical spine, lumbar spine, bilateral wrist, bilateral hand, finger pain, and bilateral upper extremity pain as well as issues related to hernia and internal issues. The treater is requesting work hardening program x12 sessions "to get the patient into some sort of shape to return to work." Regarding work hardening program, MTUS guidelines require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/wk; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. In this case, there are no functional capacity evaluation has been reported that would be used to set and monitor the goals of this program. No discussion regarding screening and whether or not the patient is able to tolerate the program. Furthermore, "the patient is currently working in the same occupation." The request is not medically necessary.