

<b>Case Number:</b>	CM14-0022821		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and Rehabilitation, 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 32-year-old male with a date of injury of 01/09/2013. The listed diagnoses per the provider are: cervical and upper back myofascial pain secondary to strain, and right abdominal strain, mostly resolved. According to appeal letter 01/31/2014 by the provider, the patient has trialed medications, chiropractic care, physical therapy, myofascial release therapy, injections without lasting improvement in symptoms. The patient is currently not a surgical candidate, and at this point, a work conditioning program would offer him the best chance of returning to his usual and customary duties as a painter. The treating physician goes on to argue that the utilization review denied the request for a work hardening program, but his intent is for the patient to participate in a work conditioning program. The treating physician would like to again request ten sessions of work conditioning. The utilization review denied the original request on 01/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning Program, times ten sessions for cervical spine and upper back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, and Official Disability Guidelines (ODG), Physical Medicine guidelines - Work Conditioning.

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

**Decision rationale:** The treating physician is requesting ten sessions of a work conditioning program. The MTUS Guidelines and Official Disability Guidelines (ODG) have the same criteria for both work conditioning and work hardening programs. The MTUS guidelines recommend work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of physical therapy with improved followed by plateau, non surgical candidate, defined return to work goal agreed by employer and employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, or (b) Documented on-the-job training. Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In this case, a screening process prior to consideration has not taken place and there is no evidence that there is a specific job to return to. As such, the recommendation is for denial.