

<b>Case Number:</b>	CM14-0031424		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 12/07/2010 due to a slip and fall. On 02/07/2014 the injured worker stated that she was able to sleep better through the night. Upon examination there was limited and painful lumbar spine range of motion. The range of motion values were 85/90 degrees of flexion, 30/30 degrees of extension, 20/20 degrees of right lateral flexion, 15/20 degrees of left lateral flexion, 25/30 degrees of right rotation, and 30/30 degrees of left rotation. There was a positive Milgram's and Kemp's tests. There was bilateral hypertonic dorsal lumbar paraspinal musculature and a positive straight leg raise radiating to the right upper thigh with hyposensitivity at the L4-5 on the right. The diagnoses were lumbar spasm, fall from slipping, tripping, or stumbling, and radicular syndrome to the lower limb. The prior treatment included medication. The provider recommended work conditioning times 6 sessions to the lumbar. The provider's rationale was not provided. The request for authorization form was dated 02/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning x 6 sessions to the lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Physical Medicine Work Conditioning).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORKING CONDITIONING, WORK HARDENING Page(s): 125.

**Decision rationale:** The request for work conditioning times 6 sessions to the lumbar is non-certified. The California MTUS states that work conditioning is recommended as an option depending on availability of quality programs. The criteria for use of work conditioning programs includes an adequate trial of physical or occupational therapy with improvement followed by a plateau, but likely not to benefit from continued physical or occupational therapy or general conditioning; not a candidate where surgery or other treatments would be clearly warranted to improve function; physical and medical recovery sufficient enough to allow for a progressive reactivation and participation for a minimum of 4 hours a day 3 to 5 days a week; and defined return to work goal agreed to by the employer and employee with documented specific job to return to with job demands that exceed abilities or documented on the job training; the injured worker must be able to benefit from the program functionally and psychologically; the worker must be no more than 2 years past the date of injury; work hardening programs should be completed in 4 weeks consecutively or less; is not supported for longer than 1 to 2 weeks without evidence of injured worker compliance and demonstrated significant gains; and the recommended 10 visits over 8 weeks. A defined return to work goal or a specific job to return to was not indicated. The injured worker exceeds the guidelines recommendation of being more than 2 years past the date of injury. As such, the request is not medically necessary.