

<b>Case Number:</b>	CM14-0037927		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/12/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Occupational Medicine 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 27 year old male who reported an injury to his low back on 02/12/12. The mechanism of injury was not specified. A clinical note dated 03/31/14 indicated the patient continuing with complaints of low back pain rated 2/10 on the visual analog scale. The patient utilized Cymbalta, ibuprofen, Percocet, Norco, Tylenol 3, and Nucynta. The patient previously underwent L5-S1 in 02/13. Upon exam tenderness to palpation was identified at the lumbar paraspinal musculature at the L4 through S1 facet joints. No strength deficits were identified in the lower extremities. Clinical qualified medical examination dated 08/20/13 indicated the patient complaining of pain over the left iliac crest and left buttocks. Upon exam no significant range of motion deficits were identified in the lumbar spine. A clinical note dated 09/06/13 indicated the patient continuing with low back pain. The utilization review dated 03/14/14 indicated the patient the request for eight sessions of work hardening program resulted in denial as inadequate information had been submitted regarding completion of work hardening prior work hardening sessions or work hardening course to address low back complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening x8 sessions for the lower back:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Work Hardening.

**Decision rationale:** The clinical documentation indicates the patient complaining of a long history of low back pain despite previous surgical intervention. The patient previously underwent a course of work hardening. No objective data was submitted regarding positive response upon completion of the work hardening program. Therefore, it is unclear if the patient would benefit from additional work hardening program. Given this, the request is not indicated as medically necessary.