

<b>Case Number:</b>	CM14-0048871		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Surgery 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 patient is a 24-year-old male with a date of injury of 12/06/2011. The listed diagnosis is aftercare for surgery of the musculoskeletal system (lumbar spine). This patient is status post lumbar arthrodisis at the L5-S1 level completed on 11/17/2013. According to progress report 01/29/2014 by [REDACTED], the patient presents for post op care. Examination revealed +3 tenderness and spasm noted to palpation in the lumbar paravertebral muscles and scar from L2 to S1. Kemp's and Yeoman's tests were noted as positive. Range of motion was tested via Acumar digital testing revealing "flexion, extension, left lateral and right lateral flexion to be 11, 9, 10, and 15 degrees respectively." He was directed to continue post op therapy at the [REDACTED]. On 02/18/2014, patient was recommended for participation in a work hardening program for 10 sessions and assessment was done on this date it was stated that, "[REDACTED] can be expected to benefit from a work hardening program." It was noted the patient has had adequate conservative therapy, which has plateaued. The patient is not considering surgical intervention and return to work goals were presented. The request is for 1 work hardening screening and 1 follow-up visit with range of motion measurements. Utilization review denied the request on 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 work hardening screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule for the state of CA has the following regarding work hardening program under chronic pain section page 125 Page(s): 125.

**Decision rationale:** This patient is status post lumbar arthrodisis at the L5-S1 level completed on 11/17/2013. He continues with lower and upper back pain. The treater is requesting 1 work hardening screening. MTUS guidelines pg 125 recommends 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 PT with improved followed by plateau, non surgical candidate, defined return to work goal agreed by employer & 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. In this case, the patient has had adequate conservative therapy which has plateau. MTUS requires a screening process to determine likelihood of success in the program prior to approval of these programs. The requested work hardening screening is medically necessary and recommendation is for approval.

**1 follow-up visit with range of motion measurements:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007) For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. (Cowan, 2008).

**Decision rationale:** This patient is status post lumbar arthrodisis at the L5-S1 level completed on 11/17/2013. The treater is requesting "one follow up visit with range of motion measurement." ODG guidelines consider examination such as range of motion part of routine musculoskeletal evaluation. The treater does not explain why "range of motion measurement" is requested as a separate criteria. It should be part of examination performed during office visitation. Recommendation is for denial.