

<b>Case Number:</b>	CM14-0076169		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/01/2006
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 42 year old male who reported a date of injury of 08/01/2006. The mechanism of injury was not indicated within the medical records received. The injured worker had diagnoses of temporary aggravation of chronic axial low back pain secondary to internal disc derangement at L5-S1 and, subacute lumbar strain/sprain. Prior treatments included physical therapy and trigger point injections. The injured worker had an MRI on 08/04/2014. Surgeries included left shoulder subacromial decompression on 09/21/2010. The injured worker had complaints of constant low back pain with radiation into his right gluteus and leg. The clinical note dated 08/22/2014 noted the injured worker had limited lumbar extension, a negative straight leg raise test bilaterally, normal reflexes, intact sensation to touch, and good strength to the lower extremities. The injured worker had tenderness to palpation along the lumbar paraspinals bilaterally and the right gluteus medius muscle and palpation caused a positive twitch response with referred pain. Medications included Ultracet and Ibuprofen. The treatment plan included myofascial release and the injured worker was precluded from pushing, pulling, lifting, and carrying greater than ten pounds with no repetitive bending at the waist. The physician recommended work conditioning as the injured worker still struggled with prolonged standing, endurance, and forward flexion. The injured worker had been on modified work duties and was restricted to not lifting or carrying more than 10 pounds. The injured worker wished to return to his customary duties that included the ability to lift and carry about 40 pounds on an occasional basis. The request for authorization form was received on 04/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Work conditioning sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation 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 request for 10 work conditioning sessions is not medically necessary. The injured worker had complaints of constant low back pain with radiation into his right gluteus and leg. The California MTUS guidelines recommend 10 sessions of work conditioning over 8 weeks. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is a lack of documentation the injured worker had significant objective functional improvement with physical therapy. There is a lack of documentation indicating the injured worker has continued significant objective functional deficits. Furthermore, the guidelines indicate a work conditioning program is not warranted after 2 years of the initial injury. Given that the injured worker was injured in 2006 and is far outside of the 2 year post injury recommendation, a work conditioning would not be indicated. As such, the request is not medically necessary.