

<b>Case Number:</b>	CM13-0048543		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 52 year old male employee with date of injury of 6/28/2012. A review of the medical records indicate that the patient is undergoing treatment for fractured rib NOS-closed, trauma hemothorax-closed, sprain shoulder/arm NOS, and sprain of neck. Subjective complaints include persistent low back pain radiating to bilateral feet. Objective findings include tenderness in the thoracolumbar spine; positive straight leg raise test left 35. Treatment has included acupuncture, heat and ice, physical therapy, chiropractic treatment, and occupational therapy. Medications have included Percocet, Celexa, Ibuprofen, Trazodone and Ondansetron. The utilization review dated 10/15/2013 non-certified the request for nine (9) sessions of work hardening for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NINE (9) SESSIONS OF WORK HARDENING FOR THE CERVICAL AND LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening, work conditioning Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work conditioning

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Work conditioning/work hardening

**Decision rationale:** The medical documentation provided did not adequately address the Chronic Pain Medical Treatment Guidelines for work conditioning programs. Mainly "After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning", "defined return to work goal agreed to by the employer & employee", "Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities". ODG further state work conditioning programs should be "10 visits over 8 weeks". The treating physician has not provided documentation of the patient's response to previous work hardening/condition sessions, nor do the documents contain documentation of significant functional deficits. As such, the request for 9 work conditioning/hardening sessions for the cervical and lumbar spine is not medically necessary.