

<b>Case Number:</b>	CM14-0189473		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 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 51-year-old female who has submitted a claim for lumbar sprain and lumbar radiculopathy associated with an industrial injury date of January 10, 2013. Medical records from 2014 were reviewed. The patient complained of low back pain. Examination of the lumbar spine showed tenderness, limited motion, positive straight leg raise test, normoreflexia, normal gait, no spasm, and full strength and sensation of the lower extremities. The patient is currently tolerating full duty status. Progress report from October 15, 2014 stated that there are no return-to-work issues. Treatment to date has included chiropractic care, physical therapy, home exercise program and medications. The present request for a work hardening program is to assess her current capacity. If the patient can be found to be of maximal medical improvement, there will be no treatment sessions other than those needed to bring the patient back to full duty capabilities. The utilization review from October 15, 2014 denied the request for work capacity evaluation and 10 sessions of work hardening because of no evidence of any unsuccessful return to work attempts considering that the patient already tolerated a full duty status. There was also no recent documentation of functional deficits in activities of daily living and self-care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

**Decision rationale:** As stated on page 127 of the California MTUS American College of Occupational and Environmental Medicine (ACOEM) Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. According to page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. In this case, the patient complained of low back pain. Examination of the lumbar spine showed tenderness, limited motion, positive straight leg raise test, normoreflexia, normal gait, no spasm, and full strength and sensation of the lower extremities. The present request for a work hardening program is to assess her current capacity. If the patient can be found to be of maximal medical improvement, there will be no treatment sessions other than those needed to bring the patient back to full duty capabilities. However, the patient is currently tolerating a full duty status. Progress report from October 15, 2014 stated that there are no return-to-work issues. There is no extenuating circumstance presented that may warrant a work hardening evaluation due to insufficient information concerning activity limitations and inability to return-to-work. Therefore, the request for work capacity evaluation is not medically necessary.

**Work Hardening Sessions (10-sessions, 4 hours each):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chapter 7 Independent medical examinations and consultations

**MAXIMUS 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, Work Conditioning

**Decision rationale:** According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement

followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. ODG Physical Medicine Guidelines recommend 10 visits over 8 weeks for work conditioning. In this case, the patient complained of low back pain. Examination of the lumbar spine showed tenderness, limited motion, positive straight leg raise test, normoreflexia, normal gait, no spasm, and full strength and sensation of the lower extremities. The present request for a work hardening program is to assess her current capacity. If the patient can be found to be of maximal medical improvement, there will be no treatment sessions other than those needed to bring the patient back to full duty capabilities. However, the patient is currently tolerating a full duty status. Progress report from October 15, 2014 stated that there are no return-to-work issues. There is no extenuating circumstance presented that may warrant a work hardening evaluation due to insufficient information concerning activity limitations and inability to return-to-work. Therefore, the request for work hardening sessions (10-sessions, 4 hours each) is not medically necessary.