

<b>Case Number:</b>	CM14-0199275		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old male who sustained an industrial related injury on 9/7/13. The injured worker had complaints of low back pain. Diagnoses included lumbar radiculopathy and right shoulder sprain. Treatment included acupuncture, physical therapy, a lumbar brace and medications. On 11/10/2014, there was subjective complaints of low back and shoulder pain. The objective findings include decreased range of motion of the right shoulder and lumbar spine, tenderness to palpation and decreased sensation along the L5 and S1 dermatomes. The patient was instructed on a Home Exercise Program (HEP). The medications listed are Naprosyn, Prilosec, Flexeril, Gabapentin, Ambien and Tramadol ER. The treating physician requested authorization for 12 work conditioning visits for the lumbar area as an outpatient. On 11/17/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the request would be non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Work conditioning, 12 visits for the lumbar area as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 48-49. Decision based on Non-MTUS Citation Official Disability Guidelines Work Conditioning Program

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Work Conditioning and Work Hardening Programs can be utilized as part of preparation for return to work schedule after completion of the main treatment program. The program is tailored to the physical demands and job requirements. The records did not show that all active treatments have been completed. The patient was started on a home exercise program in November 2014. There is no post home exercise program evaluation report available for review. The records did not indicate that there is an impending return to work schedule. The criteria for 12 Work Conditioning, 12 visits for the lumbar spine as outpatient was not met.