

<b>Case Number:</b>	CM15-0160469		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California  
Certification(s)/Specialty: Family Practice

### 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 31-year-old female, who sustained an industrial injury on 1-15-2015. She reported injury to her back from lifting a trashcan into a dumpster. The injured worker was diagnosed as having thoracic and lumbar sprain-strain. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of mild pain and discomfort in the mid-low back. She reported difficulty with activities of daily living, including cooking and cleaning. Pain was rated 4 out of 10 and she was taking Ibuprofen. She was not working. Physical therapy was denied. She was dispensed Orthoses, Naproxen, and Tramadol. The treatment plan included work hardening physical therapy (3 x 4) for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening physical therapy, 3 x 4, low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** This patient complains of low back pain, a burning sensation, and tension in the lower back. This was the result of a lifting injury on the job on 1/15/2015. This review addresses a request for a work hardening PT program. The patient has not returned to work. Medications prescribed include Orthonesic, naproxen, and Tramadol. On exam, the lower back ROM is full, there are spasms noted in the paraspinal muscles, and heel to toe walk is normal. No other documentation of the neurologic exam was presented. There are admission criteria for entry into work hardening programs. These include: a trial of physical therapy, documentation that patient is not a candidate for surgery, a defined return to work goal agreed to by physician and patient and documented on-the-job training. These criteria are not met in the documentation. A work hardening program is not medically indicated.