

<b>Case Number:</b>	CM15-0160969		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/04/2015
<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: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 11-26-2013. He reported back pain. Diagnoses have included foot pain, metatarsalgia, sacroiliac sprain and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), therapy, acupuncture, chiropractic treatment and medication. According to the progress report dated 6-3-2015, the injured worker complained of low back pain with radiation to the right lower limb with paresthesias. He rated his pain as five out of ten. Physical exam revealed a right sided antalgic gait. Range of motion of the lumbar spine was restricted due to pain. There was tenderness to palpation of the paravertebral muscles, along with spasm, tight muscle band and trigger points on both sides. It was noted that the injured worker had a significant loss of ability to function independently in his home and at work. Authorization was requested for a work conditioning program, 16 additional work conditioning sessions, 2 times per week for 8 weeks (2 part-day sessions per week).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning Program 16 additional Work Conditioning sessions, 2 times per week for 8 weeks (2 part-day sessions per week): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Work Conditioning Physical Therapy Guidelines.

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

**Decision rationale:** The patient presents with low back pain with radiation to right lower leg with paraesthesias. The request is for Work Conditioning Program 16 additional Work Conditioning sessions, 2 times per week for 8 weeks (2 part-day sessions per week). The request for authorization is dated Physical examination of the lumbar spine reveals range of motion is restricted due to pain. On palpation paravertebral muscles, spasms, tenderness, tight muscle band and trigger point is noted on both the sides. Spinous process tenderness is noted on L4 and L5. Lumbar facet loading is positive on both the sides. Straight leg raising is positive on the right side. Tenderness noted over the gluteus muscles on both the sides. Tenderness noted over piriformis muscle on both the sides. Tenderness noted over the posterior iliac spine on both the sides. Tenderness noted over the sacroiliac joint on both the sides. FRP reconsideration was denied. Patient's medications include Neurontin, Nabumetone and Naprosyn. Per progress report dated 06/19/14, the patient can work with temporary restrictions. MTUS Work conditioning, work hardening section, page 125-126: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) 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. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. ODG Physical Medicine Guidelines: Work Conditioning: 10 visits over 8 weeks. See also Physical medicine for general guidelines, and, as with all physical medicine programs, Work Conditioning participation does

not preclude concurrently being at work. Per progress report dated 06/19/15, treater's reason for the request is "He is nearing P&S and will be declared so after work hardening. This appears to be our last chance for functional improvement to get him back to gainful employment since the denial of FRP." In this case, the patient has completed his 4 authorized sessions in the Work Conditioning Program. Per progress report dated 07/17/15, treater notes, "[Patient] is making food gains. His lifting capacity has improved from first session 10lbs. Light category to now at 30ilbs Medium. MTAP scores have improved from Light to Medium. Client seems to be compliant with his resets and HEP." Given the patient's compliance and demonstrated gains documenting improvement in functional abilities, additional Work Conditioning sessions appear reasonable. However, the request for 16 additional Work Conditioning sessions would exceed what is recommended by ODG guidelines of 10 visits over 8 weeks. Additionally, there is no documentation of a specific job to return to either. This request does not meet guideline criteria for Work Conditioning. Therefore, the request is not medically necessary.