

<b>Case Number:</b>	CM15-0166411		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Pennsylvania, Ohio, 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:

This 29 year old woman sustained an industrial injury on 12-17-2014. The mechanism of injury is not detailed. Diagnoses include closed fracture of the sacrum and coccyx and displacement of lumbar disc without myelopathy. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 7-21-2015 show complaints of low back and sacral pain (improved). Recommendations include pain management specialist evaluation, functional restoration program, work conditioning, an additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning for the low back, 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** MTUS discusses indications for work conditioning, including a plateau in traditional physical medicine treatment and a plan to return to a specific job. An FCE is

recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case the records do not clearly document a job description and concerns about the ability to perform a particular job. It is not clear that the patient has plateaued in treatment, as additional therapy is still being considered. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.