

<b>Case Number:</b>	CM15-0167023		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid and low back pain reportedly associated with an industrial injury of March 3, 2014. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for 10 sessions of work hardening. The claims administrator referenced a July 2, 2015 RFA form and an associated progress note of the same date in its determination. On July 2, 2015, the applicant was given a rather proscriptive 5-pound lifting limitation. Multifocal neck, mid back, and low back pain were reported with derivative complaints of sleep disturbance. Pain complaints in the moderate-to-severe range were evident. 10 sessions of work hardening/work conditioning were endorsed. The attending provider suggested that the applicant's employer was unable to accommodate the rather proscriptive 5-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening program 10 visits at 3x weekly cervical/thoracic/lumbar spine:** 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:** No, the request for 10 session of work hardening was not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary criteria for admission into a work hardening program is evidence that an applicant has a specific, defined return-to-work goal agreed upon by the applicant and employer. Here, however, the July 2, 2015 progress note made no mention of the applicant having a job to return to. It did not appear, however, that the applicant had a job to return to as of the date in question, July 2, 2015, i.e., some 15 months removed from the date of the injury. Therefore, the request is not medically necessary.