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| <b>Case Number:</b>   | CM15-0186662 |                              |            |
| <b>Date Assigned:</b> | 09/28/2015   | <b>Date of Injury:</b>       | 01/13/2014 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2015 |

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 injured worker is a 45 year old male who sustained an industrial injury on January 13, 2014. A recent progress note dated August 13, 2015 reported subjective complaint of "flare up of symptoms lasting about a week." "The injection kicked in" and he is markedly improved at this point." The worker noted undergoing a right lumbar transforaminal epidural injection on July 22, 2015 with noted "immediate and near total pain relief that day." Objective assessment noted: "modified straight leg raise is unremarkable." "Sensation to light touch is intact." Current medications consisted of: Gabapentin, Celebrex, and Tramadol. The impression noted: right L5 radiculopathy secondary to L4-5 protrusion with compression of the L5 nerve root." Previous treatment to include: activity modification, medications, physical therapy, exercise, and recent injection. The plan of care is with recommendation of a work conditioning program due to the fact that he "remains very limited in his functional abilities." There is also recommendation to initiate use of a transcutaneous nerve stimulator unit. An initial physical therapy evaluation examination dated March 02 2015 reported concerns that led to physical therapy noted: decreased functional ability. Patient "presents with decreased lumbar active range of motion, decreased lumbar joint accessory mobility with pain and stiffness, tightness in the hamstrings and significant to the hip flexors, and decreased hip and core muscle strength left greater and poor body awareness, biomechanics." Patient would benefit from therapy to address above impairments and establish an appropriate home exercise program towards return to work and activities of daily living and decreased pain. Another physical therapy visit dated March 25, 2015 reported subjective complaint of "this week is the best yet." "Last week he had pain with

walking and noted he could feel the nerve pain with every step." He can only sit for 45 minutes, and that pushes it. Progress note dated May 18, 2015 reported subjective complaint of: "been having flares in his low back and leg symptoms." He had a flare up two weeks ago where he "almost went to emergency as "it was so painful." At primary follow up March 10, 2015 there is noted discussion about treating the worker for right L5 radiculopathy with compression of the L5 nerve root and at this point, he has trialed 8 sessions of physical therapy "targeting more of his low back symptoms as well as several sessions of therapy targeting his radicular symptoms." Unfortunately he is "having trouble tolerating these." There is noted recommendation to administer an epidural injection, "as he has failed conservative care, including long periods of rest, work modification, medication trials, and physical therapy, all without lasting benefit." The plan of care noted: "continuing with physical therapy, and they have been working on a core stabilization program, as well as building on a McKenzie program." On August 18, 2015 a request was made for 10 sessions of a work hardening therapy which was noted non-certified by utilization Review on August 27, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **10 work conditioning sessions for the 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:** Criteria for admission to work conditioning program include screening documentation, description of job demands, functional capacity evaluation, previous physical therapy, and return to work plan. The patient must be a non-surgical candidate. Guidelines recommend 10 visits over 4 weeks with a trial of 1-2 weeks to assess compliance and significance of functional improvement. A work conditioning program must be recommended within 2 years of the injury. In this case, there is no documentation of screening, functional capacity evaluation, or return to work plan. In addition the requested 10 visits surpasses the trial of 1-2 weeks to assess compliance and significance of functional improvement. Criteria for Work Conditioning program have not been met. The request is not medically necessary. 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.