

<b>Case Number:</b>	CM15-0191686		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year-old male, who sustained an industrial injury on December 6, 2007, incurring upper and lower back injuries. He was diagnosed with cervical disc disease, lumbar degenerative disc disease and lumbar stenosis. Treatment included anti-inflammatory drugs, acupuncture, physical therapy, massage therapy, surgical discectomy and fusion, and activity restrictions and modifications. Currently, the injured worker complained of persistent low back pain radiating into the left leg. He noted painful range of motion and weakness with flexion and extension. His back pain was aggravated with sitting and standing for prolonged periods of time. He rated his worst pain 8 out of 10 on a pain scale from 1 to 10. Magnetic Resonance Imaging of the lumbar spine on April 10, 2015, revealed foraminal narrowing and central canal stenosis. The treatment plan that was requested for authorization on September 29, 2015, included a rehabilitation program in San Jose. On September 28, 2015, a request for a rehabilitation program in [REDACTED] was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for a rehabilitation program in San Jose: 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:** The claimant sustained a work injury in December 2007 while training for the San Jose Police Department. In July 2015 he was continuing to work full time. When seen, he had completed 4 of 8 acupuncture treatments. He was having neck and low back pain. Physical examination findings included tenderness and muscles spasms with trigger points. Spurling's testing was positive. Lumbar facet loading and left straight leg raising were positive. There was bilateral lower extremity clonus and positive Hoffman's testing. An MRI of the cervical spine in April 2015 was negative for spinal cord impingement. Authorization is being requested for the equivalent of a Work Hardening program at 2 hours, two times per week. The purpose of work conditioning/hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than one-two weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, the claimant is already working without restrictions and a functional capacity evaluation would be required to determine the need for any medically necessary work restrictions or limitations. The duration of the intended program and is not specified and the requested treatments are not consistent with guideline recommendations. An independent home exercise program with consideration of gym access if specialized equipment was needed would be an appropriate alternative. The request is not considered medically necessary.