

<b>Case Number:</b>	CM15-0194422		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 47 year old male, who sustained an industrial injury on May 01, 2014. The injured worker was diagnosed as having cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, bursitis and tendinitis of the shoulders, and sleep disorder. Treatment and diagnostic studies to date has included functional capacity evaluation and work hardening sessions. In a progress note dated August 10, 2015 the treating physician reports complaints of intermittent, "moderate to severe," dull, and aching pain to the cervical spine; complaints constant, "moderate to severe", and sharp pain to the lumbar spine; complaints of intermittent, "moderate", dull, and aching pain to the bilateral shoulders; and frequent, intermittent, "moderate", and aching pain to the thoracic spine. Examination performed on August 10, 2015 was revealing for spasms and tenderness to the bilateral cervical paraspinal muscles from cervical two through seven, spasm and tenderness to the suboccipital muscles, trigger points to the bilateral paraspinal muscles from thoracic eight through twelve, spasm and tenderness to the bilateral lumbar paraspinal muscles at lumbar one through sacral one, positive Kemp's testing bilaterally, positive left straight leg raise, decreased reflex to the left Achilles, spasm and tenderness to the bilateral rotator cuff muscles and bilateral upper shoulder muscles, and positive supraspinatus testing bilaterally. The treating physician noted on August 10, 2015 that the injured worker had completed 4 work hardening sessions, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of the work hardening program and after the work hardening program to indicate the effects of the work hardening program. The progress note also did not indicate if the injured worker

experienced any functional improvement with prior work hardening sessions. On August 10, 2015 the treating physician requested a work hardening or conditioning program to the lumbar spine for ten visits. On September 14, 2015 the Utilization Review determined the request for work hardening or conditioning to the lumbar spine for ten visits to be non-certified.

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

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

**Work hardening/conditioning, lumbar spine, 10 visits:** Upheld

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

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

**Decision rationale:** The patient presents on 7/13/15 with unrated pain in the cervical spine, lumbar spine, thoracic spine, and bilateral shoulders. The patient's date of injury is 05/01/14. The request is for work hardening/conditioning, lumbar spine, 10 visits. The RFA is dated 07/13/15. Physical examination dated 07/13/15 reveals tenderness to palpation of the cervical paraspinal musculature from C2 to C7 levels with spasms noted, trigger points in the thoracic musculature from T1 to T12, spasms and tenderness to palpation in the lumbar spine from L1 to S1, positive Kemp's test bilaterally, positive straight leg raise test on the left, decreased Achilles reflex on the left, and tenderness to palpation of the bilateral rotator cuffs. The patient's current medication regimen is not provided. Per 07/13/15 progress note patient is currently advised to return to work with restrictions through 09/13/15. MTUS Guidelines, Work Conditioning/Work Hardening section, page 125 has the following: "Criteria for admission to a Work Hardening Program: ...(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..." In regard to the request for 10 sessions of a hardening/conditioning program to improve this patient's overall workplace functionality, the treater has not satisfied guideline requirements for such a program. A review of the documentation provided does not reveal a defined return to work goal as agreed upon by the employer/employee. There is no evidence that the requested hardening includes on-the-job training, either. Per job requirements assessment and evaluation dated 04/29/15, the provider states: "By comparing the job requirements to the patient's capabilities, a recommendation of suitability for return to work is established." Without documentation of a employer/employee agreement, or a specific discussion regarding return to a job that exceeds this patient's abilities, the requested work hardening cannot be substantiated. Therefore, the request is not medically necessary.