

<b>Case Number:</b>	CM15-0200128		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/15/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 36 year old male, who sustained an industrial injury on 3-15-2015. He reported a motor vehicle accident with injuries to neck and low back. Diagnoses include cervical strain, lumbar strain, radiculitis, and small multilevel disc protrusion-extrusion by MRI. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and a lumbar epidural steroid injection on 7-1-15, noted to relieve symptoms of lower extremity numbness, however, pain was still present in the low back. On 9-18-15, he complained of ongoing pain in the right side of the neck through upper back, and pain in the low back, all rated 2 out of 10 VAS up to 8 out of 10 VAS with muscle spasms. The physical examination documented decreased cervical range of motion with tenderness noted. The lumbar spine demonstrated decreased range of motion, tightness and spasms with tenderness noted. The patient had normal gait, strength and sensation. The patient had positive tarsal tinel sign, positive SLR. It was noted he was no longer taking medications for pain. The plan of care included a work hardening program "based on the physical requirements of the work activity." The patient has had MRI of the lumbar spine on 4/17/15 that revealed disc protrusions, and healed fracture; the medication list include Advil, Disalcid, and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening program 6 to 8 weeks at [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines-Work Conditioning.

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

**Decision rationale:** Work hardening program 6 to 8 weeks at [REDACTED]. Per the CA MTUS guidelines cited below, criteria for work conditioning includes:(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. (5) A defined return to work goal agreed to by the employer & employee: (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. A work-related musculoskeletal deficit that precludes ability to safely achieve current job demands was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. A recent FCE was not specified in the records provided. Per the records provided, the patient has received an unspecified number of PT and chiropractic visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. The medical necessity of the request for work hardening program 6 to 8 weeks at [REDACTED] is not medically necessary.