

<b>Case Number:</b>	CM15-0208122		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 Jersey

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 53 year old female, who sustained an industrial injury on 12-17-14. The injured worker was being treated for chronic low back pain, likely myofascial. On 9-15-15, the injured worker complains of midline and right low back pain which averages 5 out of 10. Disability status is noted to be modified duty; however she cannot be accommodated at this status. Physical exam performed on 9-15-15 revealed no abnormalities. MRI of lumbar spine revealed L1-2 through L5-S1 normal. Treatment to date has included physical therapy (with moderate relief), TENS unit (provided moderate relief), right sacroiliac joint injection (did not help). On 9-18-15 request for authorization was submitted for 12 weeks of work hardening. On 9-25-15 request for 12 weeks of work hardening was modified to 2 weeks by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening, 12 weeks:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that work conditioning is recommended as an option. To qualify, the MTUS gives specific criteria: 1. Functional limitations precluding ability to safely achieve job demands, 2. After trial of physical therapy and unlikely to benefit from continued physical therapy, 3. Not a candidate for surgery or other treatments, 4. Recovery from the conditioning to allow a minimum of 4 hours a day for three to five days a week of active participation at work, 5. A defined return to work goal, 6. Worker must be able to benefit from the program, 7. Worker must be no more than 2 years post date of injury, 8. Work conditioning should be completed in 4 weeks or less, 9. Treatment is not supported for longer than 1-2 weeks without evidence of compliance and benefit, 10. Upon completion, there is no need to repeat the same or similar conditioning program in the future. For those who qualify, the MTUS Guidelines suggest up to 10 visits over 8 weeks. In the case of this worker, there appeared to be criteria met, including completed attempts of conservative care and a specific goal. However, the request for 12 weeks surpasses the 4 week maximum duration set by the Guidelines. Also, a future request would need to be for 1-2 weeks only in order to show compliance and benefit. Therefore, this request as written (12 weeks of work hardening) is not medically necessary.