

<b>Case Number:</b>	CM15-0209381		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 23 year old male, who sustained an industrial injury on 1-9-2014. The injured worker is undergoing treatment for status post L5-S1 laminectomy-discectomy and rule out L5-S1 radiculopathy. Medical records dated 10-7-2015 indicate the injured worker complains of back pain and right calf cramping. Physical exam dated 10-7-2015 notes visible right calf atrophy. "He has full strength in his lower extremities, which is an improvement from previous." Treatment to date has included surgery, physical therapy, medication and activity alteration. The treating physician indicates previously approved work conditioning "consisted of Transcutaneous Electrical Nerve Stimulation (TENS) therapy and some very light stretches as well as ice and heat and not the requested work conditioning. We have received authorization to have work conditioning transitioned to a chronic pain physical therapist, however it seems this never happened." The original utilization review dated 10-23-2015 indicates the request for work conditioning lumbar spine 2 X 5 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning, lumbar spine, 2 times weekly for 5 weeks, 10 sessions: 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: Work conditioning (WC), Physical therapy guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Conditioning.

**Decision rationale:** The MTUS is silent regarding the use of work conditioning. According to the ODG, work conditioning (WC) amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT. WC visits will typically be more intensive than regular PT visits. Suggested timelines: 10 visits over 4 weeks, equivalent to up to 30 hours. In this case the patient has been participating in a WC program and is noted to have 4 sessions remaining. The documentation doesn't support the need for additional sessions. There is no documentation of worsening pain or new injury. The request is not medically necessary.