

<b>Case Number:</b>	CM15-0047633		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: New Jersey, New York  
 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 41-year-old male who sustained a work related injury January 12, 2010. Past history included s/p L4-5 laminectomy, microdiscectomy, and decompression, August 12, 2014. According to the primary treating orthopedic physician's progress report dated January 21, 2015, the injured worker presented with continued low back pain over the surgical site that worsens with attempts for bending or stooping with restricted range of motion. Diagnosis is documented as lumbago. Treatment plan included an in-office steroid injection to the lumbar spine with immediate relief, dispensed medications, and request for authorization of (6) sessions of work conditioning to the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning Program up to 2 hours, two times a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment Guidelines, Disability Duration Guidelines/Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/work hardening Page(s): 125-126.

**Decision rationale:** The request is considered not medically necessary. There is not enough documentation to meet the criteria for a work hardening program. There has to be description of job requirements that the patient is unable to fulfill. He has to have plateau with physical therapy and is documented to derive no further benefit. There has to be a documented return to work goal agreed to by both the employer and employee. There has to be a file review, interview, and testing to determine if he would benefit from this program. The program is not usually beneficial if the injury occurred more than two years ago. The patient was first injured in 2010. Therefore, the request is considered not medically necessary.