

<b>Case Number:</b>	CM15-0083174		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 28, 2013. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for 12 sessions of work hardening for the lumbar spine. The claims administrator referenced an April 6, 2015 progress note in its determination. The claims administrator noted that the applicant had undergone earlier lumbar spine surgeries in 2011 and 2012. The applicant's attorney subsequently appealed. In an order form dated April 6, 2015, work hardening for the lumbar spine was endorsed at a rate of twice a week for the next six weeks. There was no mention of whether or not the applicant had a job to return to or not. In an associated progress note of April 6, 2015, the applicant reported ongoing complaints of low back pain, 8/10. Norco and work hardening were endorsed. The attending provider stated that the applicant would be unable to return to work without having completed the work hardening. The applicant was placed off of work. The applicant had pending Agreed Medical Evaluation (AME), it was acknowledged. The attending provider stated in one section of the note that the applicant would remain off of work until "October 13, 2015," then return to work with a rather proscriptive 10-pound lifting limitation in place. It was not stated whether the applicant had a job to return to. It did not appear, however, that the applicant's employer was able to accommodate the limitations in question, based on the attending provider's commentary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening 2xwk x 6wks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125-126.

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

**Decision rationale:** No, the request for 12 sessions of work hardening for the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a work hardening program is evidence that an applicant has a defined return to work goal agreed upon by the employer and employee. Here, however, there was no mention of the applicant's necessarily having a job to return to as of the date in question, April 6, 2015, i.e., a little under a year removed from the date of injury. It did not appear that the applicant's employer was able to and/or willing to allow him to return to work. It was not clearly established that the applicant in fact a job to return to. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that candidates for work hardening should be able to benefit from the program, noting that approval of the program should be contingent on a screening process which includes review, interview, and testing. Here, it did not appear that the applicant had undergone a prerequisite precursor screening evaluation. Therefore, the request was not medically necessary.