

<b>Case Number:</b>	CM14-0094221		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/28/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 50-year-old female was reportedly injured on February 28, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 19, 2014, indicates that there are ongoing complaints of cervical spine pain and low back pain. The physical examination demonstrated tenderness along both the cervical and lumbar spine. There was tenderness along the cervical spine facets and a positive lower extremity Kemp's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request had been made for work conditioning for the left shoulder, lumbar spine, and cervical spine twice week for four weeks and was not certified in the pre-authorization process on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning to Left Shoulder, Lumbar and Cervical Spine 2 Times a Week for 4 Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines the criteria for admission to work conditioning program includes that a defined return to work goal must be agreed upon by the employer and employee. Additionally, the employee must not be more than two years past the date of injury as it is stated that workers that have not returned to work by two years post injury may not benefit. As there is no return to work goal defined in the injured employees now 12 years past the date of injury, this request for work conditioning for the left shoulder, lumbar spine, and cervical spine two times a week for four weeks is not medically necessary.