

<b>Case Number:</b>	CM14-0029695		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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. 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: California, Indiana, New York  
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 46 year old male, who sustained an industrial injury on 7/1/2013. He reported back pain. Diagnoses have included lumbar disc displacement with myelopathy and sciatica. Treatment to date has included twenty sessions of physical medicine. According to the progress report dated 12/20/2013, the injured worker complained of constant, severe, lumbar spine pain described as sharp. Objective findings revealed spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1. Kemp's test and straight leg raise test were positive bilaterally. It was noted that the injured worker had not shown significant improvement with physical medicine. He was temporarily totally disabled. Authorization was requested for Work Hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening Program one time per week for 10 weeks (1 x 10): 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 Work Hardening Program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work Hardening Program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening program one time per week times 10 weeks is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one - two weeks without evidence of compliance and demonstrated significant gains - objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured worker's working diagnoses are lumbar disc displacement with myelopathy; and sciatica. The treating provider requested a 3-D magnetic resonance imaging scan of the lumbar spine and a functional capacity evaluation in addition to the work hardening program. The injured worker reportedly received 20 sessions of physical therapy to the lumbar spine. Prior to continuing with a work hardening program (and additional physical therapy), a magnetic resonance imaging 3-D scan should be completed to rule out any surgical cause for the lumbar pain. Additionally, a functional capacity evaluation is a prerequisite to the work hardening program. Consequently, absent clinical documentation with the 3-D magnetic resonance imaging scan of the lumbar spine and a functional capacity evaluation, work hardening program one time per week times 10 weeks is not medically necessary.