

<b>Case Number:</b>	CM15-0106031		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Emergency 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 year old female, who sustained an industrial injury on August 29, 2012. She was diagnosed with acute low back pain, lumbar disc disease lumbar radiculopathy, and spondylolisthesis. She underwent lumbar spine fusion surgery. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, and work restrictions. Currently, the injured worker complained of persistent lower back pain radiculopathy in to the lower extremity with decreased sensation and weakness. The treatment plan that was requested for authorization included Work Hardening for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening 3 times 4 weeks low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back work conditioning work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60 of 127.

**Decision rationale:** The patient sustained an injury in August of 2012. She was diagnosed with lumbar disc disease and radiculopathy ultimately undergoing lumbar spine fusion. She has been treated with physical therapy and medication. The request is for a work hardening program for persistent low back pain. The MTUS guidelines state that active vs. passive self-directed therapy is associated with better clinical outcomes. The patient has already undergone physical therapy sessions and should be able to perform independent strengthening and range of motion exercises. As such, the request is not medically necessary.