

<b>Case Number:</b>	CM15-0013560		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 York, West Virginia, Pennsylvania  
 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 35 year old male with an industrial injury dated September 3, 2014. The injured worker diagnoses include cervical spine sprain/strain, upper back sprain/ strain and lumbar spine sprain/strain. He has been treated with diagnostic studies, radiographic imaging, prescribed medication, trigger point injections, acupuncture therapy, consultation and periodic follow up visits. According to the progress note dated 1/8/15, physical exam revealed tenderness over splenius capitis/cervicis, upper trapezius muscles with trigger points, and tenderness over para thoracic muscle groups. The treating physician noted that the injured worker's presentation was consistent with cervical myofascial pain, left side greater than right, cannot exclude left cervical radiculitis/ radiculopathy, cannot exclude discogenic neck pain and thoracic strain. The treating physician prescribed services for work capacity evaluation, cervical spine QTY: 1.00, work hardening, cervical spine QTY: 2.00, and work hardening, cervical spine QTY: 2.00. Utilization Review determination on January 14, 2015 denied the request for work capacity evaluation, cervical spine QTY: 1.00, work hardening, cervical spine QTY: 2.00, and work hardening, cervical spine QTY: 2.00., citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work capacity evaluation, cervical spine QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 (pages 132-139) Official Disability Guidelines, ODG Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 132-139.

**Decision rationale:** This patient's symptoms had not improved despite conservative treatment and had persistent deficits in work capabilities. Thus, a work capacity evaluation was requested. Work capacity evaluations have limited applications as they assess one patient's physical abilities on a single day, under controlled circumstances but there is little research confirming that it accurately predicts an individual's actual capacity to perform in the workplace. In addition a work capacity evaluation is not indicated prior to performing an ergonomic assessment. The work capacity evaluation is not medically necessary or appropriate.

**Work Hardening, cervical spine QTY: 2.00:** Upheld

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

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

**Decision rationale:** Due to the patient's persistent deficits in work capabilities, a work hardening was requested in order to address an ongoing biomechanical weakness. However work hardening programs are only recommended for patients with job demands in the "medium or higher demand level." In this case, specifics regarding the patient's job demands are not documented. Thus the request for four hours of cervical spine work hardening is not medically necessary or appropriate.

**Work hardening, cervical spine QTY: 2.00:** Upheld

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

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

**Decision rationale:** Due to the patient's persistent deficits in work capabilities, a work hardening was requested in order to address an ongoing biomechanical weakness. However work hardening programs are only recommended for patients with job demands in the "medium or higher demand level." In this case, specifics regarding the patient's job demands are not documented. Thus the request for four hours of cervical spine work hardening is not medically necessary or appropriate.