

<b>Case Number:</b>	CM15-0111293		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male who sustained an industrial injury on 08/28/2014. Mechanism of injury occurred while working as a correctional officer when responding to an alarm he was running and his lower back started to give out on him and he feel to the ground on his knees. Diagnoses include status post lumbar strain, lumbar herniated disc with extrusion at L5-S1 with left S1 radiculopathy, fibromyositis and chronic pain syndrome. Medications include Cyclobenzaprine, Hydrocodone/Acetaminophen, Motrin, and Zorvolex. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, and epidural steroid injections. A physician progress note dated 05/11/2015 documents the injured worker complains of muscle aches, muscle weakness, arthralgia/joint pain and back pain. He reports depression, sleep disturbances and anxiety. He has numbness radiating down the left leg. He has diminished weight bearing tolerated in the left leg with standing and walking. Range of motion of the lower back is significantly limited as well. He has significant guarding and weakness in the lower extremities as well. There is tenderness to right with [palpation of the paraspinal region at L4 through S1, the gluteus maximus, and the piriformis, and on the left there is tenderness of the paraspinal region oat the L4 through S1, the gluteus maximus and the piriformis. Supine Straight Leg Raise test is positive and the seated Straight Leg Raise is positive. Treatment requested is for Work hardening program, 4 hrs. a day, 5 days a week for # weeks quantity requested: 4.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening program, 4 hrs a day, 5 days a week for # weeks quantity requested: 4.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-6 of 127.

**Decision rationale:** Regarding the request for Work hardening program, 4 hrs a day, 5 days a week for # weeks quantity requested: 4.00, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level, and that the patient is unable to perform those duties. Additionally, guidelines recommend a 1-2 week trial of work hardening with further work hardening supported based on documentation of objective functional improvement. In the absence of clarity regarding those issues, the currently requested Work hardening program, 4 hrs a day, 5 days a week for # weeks quantity requested: 4.00 is not medically necessary.