

<b>Case Number:</b>	CM15-0126312		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Massachusetts

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 55-year-old male, who sustained an industrial injury on 7/26/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar and thoracic disc displacement without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 5/28/2015, the injured worker complains of thoracic pain with numbness and tingling in the hands and lumbar pain that radiates down the right leg. Physical examination showed lumbar paraspinal tenderness and thoracic paraspinal muscle spasm. The treating physician is requesting 10 sessions of work conditioning/hardening 3 times a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 work conditioning/hardening 3 times a week: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The claimant sustained a work injury in July 2014 and continues to be treated for thoracic and radiating lumbar pain and numbness and tingling of the hands. In January 2015 he had reached a plateau with conservative treatments and further physical therapy nor surgery were not being considered. His job duties were at a very heavy physical demand requirement. Work hardening was requested at that time. When seen on 05/28/15 he was having moderate to severe symptoms. Physical examination findings included trigger points with paraspinal muscle spasm and tenderness. Yeoman testing was positive bilaterally. The claimant was planning on relocating in one-two months. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, the work hardening requested in January 2015 was appropriate. However, the claimant is now planning on relocating and there is no defined return to work plan. Therefore, the requested sessions of work hardening are not medically necessary at this time.