

<b>Case Number:</b>	CM15-0173521		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old male sustained an industrial injury on 6-9-14. Documentation indicated that the injured worker was receiving treatment for low back pain. Previous treatment included L4-5 disc extrusion excision, physical therapy and medications. Magnetic resonance imaging lumbar spine (10-14-14) showed a mild annular bulge at L4-5 with extrusion and central canal stenosis and loss of height at L5-S1 disc with mild annular bulge. In a PR-2 dated 7-8-15, the injured worker had completed physical therapy. Physical exam was remarkable for lumbar spine range of motion: 70 degrees flexion and 25 degrees bilateral lateral extension. The injured worker could lift 15 to 20 pounds. The physician stated that the injured worker needed work hardening to facilitate the return to full work. The treatment plan included work hardening (not work conditioning) one to two times per week times twelve visits. The injured worker reported having no problems except being sore by the end of the day with pain rated 2 out of 10 pain and no leg pain. In a PR-2 dated 8-12-15, the injured worker complained of constant tightness and intermittent soreness to the back with leg pain rated 2 to 3 out of 10 by the end of the day. Physical exam was remarkable for lumbar spine range of motion 75 degrees flexion and 15 degrees extension. The treatment plan included twelve sessions of work conditioning. On 8-17-15, Utilization Review modified a request for work conditioning times twelve for the thoracic and lumbosacral spine to work conditioning times eight. The patient's surgical history included L4-5 disc extrusion excision on 3/11/15. The patient had received 24 PT visits for this injury. The current medication list was not specified in the records specified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning times 12, 1-2 times a week times 4 weeks for the thoracic/lumbosacral spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** Request Work Conditioning times 12, 1-2 times a week times 4 weeks for the thoracic/lumbosacral spine. Per the CA MTUS guidelines cited below, criteria for work conditioning includes: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (5) A defined return to work goal agreed to by the employer & employee: (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. A work-related musculoskeletal deficit that precludes ability to safely achieve current job demands was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. A recent FCE documenting physical demand levels was not specified in the records provided. Per the records provided, the patient has received an unspecified number of PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Work Conditioning times 12 for the thoracic/lumbosacral spine, is not medically necessary in this patient.