

<b>Case Number:</b>	CM15-0174261		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/14/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 14, 2015. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for 10 sessions of work conditioning. The claims administrator referenced an August 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 19, 2015, 10 sessions of work conditioning were sought. In an associated progress note dated August 19, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of sleep disturbance. The applicant refused a spine injection, it was reported. A trial of 10 sessions of work conditioning was sought. The applicant's work status was not clearly outlined. Overall commentary was sparse. In an earlier note dated August 14, 2015, the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 work conditioning sessions:** 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:** No, the request for 10 sessions of work conditioning was not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary criteria for pursuit of a work conditioning or work hardening program is evidence that an applicant has a specific defined return-to-work goal agreed upon by the applicant and employer, with evidence of job demands exceeding abilities. Here, however, the August 19, 2015 progress note was thinly and sparsely developed. The applicant's job duties and job demands were not outlined. There was no mention of whether the applicant in fact had a job to return to and/or the applicant was intent on returning to the workplace and/or workforce as of the date of the request. The presence of specific job-related deficits was not outlined on the date in question. Therefore, the request was not medically necessary.