

<b>Case Number:</b>	CM15-0176211		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: North Carolina

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 6-25-2014. The injured worker is being treated for low back pain, and lumbar disc herniation. Treatment to date has included 10 work hardening sessions, diagnostics, medications, activity modification, rest, physical therapy, acupuncture and bilateral transforaminal epidural steroid injections (11-14-2014). Per the Primary Treating Physician's Progress Report dated 4-27-2015, the injured worker reported for reevaluation of low back pain. He reports "no change" since the onset, and reports constant, mild to moderate mid low back pain and difficulty sleeping due to pain. Objective findings included a slow, cautious wide based gait with no antalgia. Active range of motion of the lumbar spine in all directions is limited by about 50% due to pain and guarding. There is focal tenderness to palpation of the lumbar paraspinal muscles palpation reproduces some of his symptoms. On 2-19-2015 the pain was rated as 9 out of 10 in severity. Per the medical records dated 2-20-2015 to 4-27-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or a decrease in subjective or objective pain level with the current treatment. The plan of care included a work rehabilitation program and medications. On 8-13-2015, Utilization Review non-certified the request for 14 additional part day work hardening sessions (2 hours each part day).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14 additional, part-day, Work Hardening Sessions, 2 hrs each day: Upheld**

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

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

**Decision rationale:** The California MTUS section on work hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (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 maximaleffort, 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (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. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. ODG Physical Medicine Guidelines: Work Conditioning 10 visits over 8 weeks. While recommended, previous sessions have not produced documented significant objective improvements in pain and function. Therefore the request for additional treatments is not medically necessary.