

<b>Case Number:</b>	CM15-0027038		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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

### 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 52 year old female, who sustained an industrial injury on 10/14/2013. On provider visit dated 12/04/2014 the injured worker has reported that low back is more symptomatic. She was noted to have a decreased range of motion of cervical and lumbar spine. Tenderness was noted over cervical spine, thoracic spine, and lumbar spine. The diagnoses have included right cervical radiculopathy/radiculitis, probable cervical facet syndrome, cervical strain, bilateral lumbosacral radiculitis/radiculopathy and thoracic sprain/strain. Treatment to date has included cervical epidural injections. On 01/19/2015 Utilization Review non-certified Work capacity evaluation and Work hardening program; 4 hours and 10 sessions. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): s 125-126.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for WORK CAPACITY EVALUATION on 12/4/14 "to objectively measure this patient's current physical tolerances so we can advance or eliminate work restrictions, to determine if the patient would benefit from additional rehabilitation and to expedite return to work/gainful employment." The treater states: "the patient remains significantly symptomatic and has a persistent deficit in work capacity" per 12/1/14 report. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. The patient is currently work restricted. In this case, the patient is 14 months post injury. The treater does not indicate any special circumstances that would require a functional capacity evaluation. There is no description of the job to determine why the physical demands would be potentially unsafe and how information from FCE is crucial for the patient's return to work. Routine FCE's are not supported by the guidelines. The request IS NOT medically necessary.

**Work hardening program; 4 hours and 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): s 125-126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Work conditioning, work hardening.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for WORK HARDENING PROGRAM 4 HOURS AND 10 SESSIONS on 12/4/14. The patient had 10 sessions of physical therapy with minimal benefits, but the dates of therapy were not specified per 1/7/15 report. Regarding Work Hardening, MTUS recommends if patient's musculoskeletal condition precludes ability to achieve job demands (not sedentary work), if patient has not plateaued after trial of physical/occupational therapy, is not a candidate for surgery, if 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, a defined return to work goal agreed to by the employer & employee, is no more than 2 years past date of injury, if Work Hardening Programs is to be completed in 4 weeks consecutively or less, and patient has not completed prior work hardening program. ODG guidelines allow 10 visits over 8 weeks. The patient is currently work restricted. In this case, the treater appears to be asking for work hardening to extend therapy. There is no discussion regarding a job that the patient is able to return to, no discussion regarding the patient's ability to tolerate 4 hours of participation a day, etc. According to the criteria listed in MTUS guidelines, the requested work hardening sessions are not indicated for patient's condition at this time. The request IS NOT medically necessary.

