

<b>Case Number:</b>	CM14-0143138		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43 year old female who was injured on 08/22/2012 while lifting heavyboxes of food and developed right low back pain. Prior treatment history has included Naproxen 550 mg, Ranitidine 150 mg, ice therapy, chiropractic sessions, and Methoderm. Progress report dated 06/18/2014 states the patient presented with complaints of lowback pain that was worsening and occasionally radiating to the bilateral lower extremities, right greater than left. On exam, range of motion of the lumbar spine was intact but had pain with movement on hyperextension and left lateral bending. The patient was diagnosed with lumbar spine sprain/strain, hip or thigh strain, and Piriformis syndrome. The patient was recommended for an evaluation of psychosocial factors and recommended for work conditioning. Prior utilization review dated 06/25/2014 states the request for psychosocial factors screening times 1 evaluation; and Work conditioning/hardening screening times 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychosocial factors screening times 1 evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, 2nd edition, Chapter 7-Independent Medical Examinations and Consultations, pg. 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** According to MTUS guidelines, psychosocial factors screening and psychological evaluations are recommended. Psychological evaluations are "generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." In this case a request is made for psychosocial factors screening for a 46-year-old male with chronic low back pain whose complaints have persisted beyond the expected time of recovery. No prior such evaluation appears to have been performed. Medical necessity is established.

**Work conditioning/hardening screening times 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, Chapter 7- Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

**Decision rationale:** According to MTUS guidelines, work hardening/work conditioning is: "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 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.(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 See also Physical medicine for

general guidelines. And, as with all physical medicine programs, Work Conditioning participation does not preclude concurrently being at work. "In this case a request is made for work conditioning/work hardening screening for a 46-year-old male with chronic low back pain. However, medical records do not document a defined return to work goal agreed to by the employer and employee. Medical necessity is not established.