

<b>Case Number:</b>	CM14-0030853		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 1, 2013. He has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, and unspecified amounts of physical therapy.. On November 11, 2013, the injured worker had transferred care to a new primary treating provider. He complained of low back pain and was placed off of work, on temporary disability. Authorization was sought for functional capacity evaluation, acupuncture, and electrodiagnostic testing. On February 3, 2014, the injured worker presented himself with 8/10 mid and low back pain. A 12 session course of physical therapy/work conditioning was thought to reportedly improve his level of function and facilitate his return to work. His work status was not clearly stated on this occasion, although it did not appear that he was working. In a utilization review report dated February 11, 2014, the claims administrator denied a request for 12 sessions of work conditioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning on lumbar spine for 2 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Topic Page(s): 125.

**Decision rationale:** According to the notes on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for pursuit of work conditioning and/or work hardening include evidence that an injured worker is able to benefit from the program and evidence that he has a clearly defined return to work goal, agreed upon by the employer. In this case, however, it does not appear that the applicant has a job to return to. No clear return to work goal has been identified. It is further noted that the attending provider has not provided much in the way of narrative commentary as to what treatment or treatments have transpired to date. The attending provider has not outlined the presence of any clear physical or functional deficits, which would prevent the injured worker's returning to work. For all the stated reasons, then, the request for work conditioning is not medically necessary.