

<b>Case Number:</b>	CM14-0121413		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. 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: Emergency 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 injured worker is a 40 year old male who sustained an industrial injury on 01-09-2013. Mechanism of injury occurred when he was carrying boxes of sugar and set them down and felt pain in his low back. Diagnoses include lumbar strain-sprain, lumbar radiculopathy right greater than left L5-S1, lumbar spondylosis, opioid dependence and labile hypertension. Treatment to date has included diagnostic studies, medications, acupuncture, chiropractic sessions, and physical therapy. On 05-24-2013 a Magnetic Resonance Imaging of the lumbar back showed mild degenerative disc desiccation at L5-S1 and circumferentially bulging disc resulting in mild right neural foraminal narrowing. On 01-02-2014 a Magnetic Resonance Imaging of the lumbar spine revealed multiple levels of disc bulging with bilateral facet arthrosis, bilateral neural foraminal narrowing, and encroachment of transiting S1 nerve roots. There is a high intensity zone is present within the posterior right subarticular annular fibers of the disc which may represent an annular fissure-tear that may be associated with pain. His current medications include Triliptol, Norco and Butrans patch. A physician progress note dated 06-11-2014 documents the injured worker complains of low back pain radiating down bilateral legs which is moderate to severe and is constant in nature. He rates his pain as 7 on average on the Visual Analog Scale, and at its worst it is a 10 on the Visual Analog Scale, and at its least his pain is a 6 on the Visual Analog Scale. He has a positive straight leg raise-supine, in the right and left lower extremity and positive Fabre and Femoral Stretch test on the right. He feels anxious and agitated due to his physical limitation and gets depressed. Treatment requested is for a Work Hardening Program QTY: 60 hours.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Work Hardening Program QTY: 60 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 11, Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines, work conditioning.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Work conditioning may be considered under specific criteria. Pt fails multiple criteria. While patient may benefit from work hardening with noted failure of conservative therapy and plan to return to work, provider has failed to document necessary components needed to make a positive determination. There needs to be a work assessment and functional assessment with an appropriate end goal of program agreed upon patient and employer. Without this information, work hardening cannot be approved as per guidelines. Therefore, the requested treatment is not medically necessary.