

<b>Case Number:</b>	CM14-0174722		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/03/2000
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/03/00 when she had pain while lifting a heavy box of tape. Treatments included medications and a lumbar epidural injection. She underwent lumbar spine surgery in 2002 with removal of hardware in 2011. A spinal cord stimulator was implanted. She also underwent right wrist surgery in 2003. She was seen on 08/26/14. Her history of injury and treatments was reviewed. She had low back pain radiating into the left lower extremity rated at 8/10 and left hand pain with stiffness, numbness, tingling, and decreased range of motion rated at 5/10. Medications were gabapentin, gripping, simvastatin, omeprazole, insulin, and glyburide. Physical examination findings included an antalgic gait. She had lumbar spine tenderness and decreased and painful range of motion. Straight leg raising was positive. She had full hand range of motion. The impression references diagnoses of a left hand ganglion cyst, and failed back surgery syndrome. She was seen on 09/26/14. Prior treatments had included physical therapy, injections, acupuncture, and a spinal cord stimulator. She was having ongoing pain rated at 7/10 with low back pain radiating into the left lower extremity. She was having right wrist pain with weakness. Physical examination findings included an antalgic gait with decreased and painful lumbar spine range of motion. She had decreased lower extremity sensation. There were lumbar paraspinal trigger points. There was positive straight leg raising. Her spinal cord stimulator was reprogrammed. Gabapentin was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions to the lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Opioids Page(s): 75, 78, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included multiple spine surgeries and a spinal cord stimulator. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is within that recommended and therefore medically necessary.