

<b>Case Number:</b>	CM14-0198749		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/03/2000
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 remote history of a work injury occurring on 10/03/00 when, while riding as a rear seat passenger in a company vehicle, he was involved in a motor vehicle accident. Treatments included chiropractic care, physical therapy, and epidural injections. He was seen on 01/08/13. He was having left back pain radiating to the leg. Pain was rated at 8/10. He was attending a gym including pool activities. He was continuing to wear a back brace. He was noted to be on disability. He was taking Norco up to four times per day and occasionally taking Soma. Physical examination findings included decreased lumbar spine range of motion. He had back pain with straight leg raising. There was pain with left sacroiliac joint compression. Medications were refilled. On 04/16/14 was continuing to participate in gym activities. Pool exercise is referenced as having worked wonders and as maintaining his function with decreased dependence on pain medications. He was continuing to use a TENS unit daily. Medications were refilled. He was seen by the requesting provider on 10/09/14. His history of injury and subsequent treatments were reviewed. He had already had physical therapy. Pool therapy had worked better than conventional treatment. He was performing an independent stretching and exercise program. He was continuing to take hydrocodone. Physical examination findings included an increased lumbar lordosis. There was decreased lumbar spine range of motion with muscle spasms and tightness. Straight leg raising was negative. Authorization for additional testing and for physical therapy two times per week for four weeks was requested. Tramadol was prescribed. On 11/13/14 pain was rated at 4/10. He was functioning satisfactorily with the Tramadol which was refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy for lumbar spine preferably with aqua therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**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. He participates in a self-directed stretching and exercise program including exercising in a gym with access to a pool. In terms of physical therapy, patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant is using a gym regularly and following an exercise program with reported significant benefit. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore the request is not medically necessary.

**X-ray of the lumbar spine (5 views): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 & 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

**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. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and therefore the lumbar spine x-ray is not medically necessary.