

<b>Case Number:</b>	CM15-0007832		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/28/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on March 28, 2001. The injured worker was diagnosed as having lumbar spine degenerative disc disease, lumbar spine degenerative joint disease, lumbar spine radiculitis and hypertension. Treatment to date has included x-rays, MRIs, epidural injection, physical therapy, and medications. Currently, the injured worker complains of low back pain. The Treating Physician's report dated December 8, 2014, noted the current medications as Celebrex, Lyrica, Soma, and Ultracet. Physical examination was noted to show the lumbar spine with tenderness at L4 and L5 with paraspinal spasm on the right side, trigger points at L4, L5 and Sciatic right, with decreased range of motion (ROM). The Physician noted the injured worker's pain was increased with muscular spasm, with the medications falling short reducing it, with the recommendation for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy for the Low Back, 3 Times a Week for 4 Weeks, As an Outpatient:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, he was having an exacerbation of symptoms with increased pain and muscle spasms. Prior treatments have included physical therapy including a gym-based program. 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 in excess of that recommended and therefore not medically necessary.