

<b>Case Number:</b>	CM15-0107695		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/24/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 (IW) is a 51-year-old female who sustained an industrial injury on 03/24/2013. Diagnoses include chronic low back pain and edema of the left leg of unknown etiology. Treatment to date has included medications and physical therapy. According to the PR2 dated 5/19/15, the IW reported getting stronger with physical therapy (PT), shooting pain down the right leg and swelling of the left leg. On examination, the swelling of the left leg was decreased. Progress notes dated 2/26/15 stated the IW's pain originated in the low back and radiated down the bilateral legs. MRI of the lumbar spine on 6/11/14 showed a disc bulge at L4-L5 and left paracentral foraminal disc protrusion at L3-L4. A request was made for eight physical therapy sessions for the lumbar spine and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8 for the lumbar spine and right knee:** 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 sustained a work injury in March 2013 and continues to be treated for radiating low back pain. When seen, she was having pain radiating into both lower extremities. There was left sacroiliac joint tenderness. Relafen was prescribed and she was referred for physical therapy. The claimant is being treated for chronic pain. There is no new injury. 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 or what would be expected to be needed reestablish or revise a home exercise program. The request is not medically necessary.