

<b>Case Number:</b>	CM15-0135349		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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:

This is a 45 year old female with a June 3, 2013 date of injury. A progress note dated Jun 15, 2015 documents subjective complaints (constant lumbar spine pain that radiates into the lower extremities), objective findings (tenderness present at the left and right lumbar regions; positive straight leg raise test; positive for back pain; altered gait; decreased reflex at the patella in the left lower extremity), and current diagnoses (lumbar spine sprain; right sciatica). Treatments to date have included acupuncture without significant improvement, physical therapy, medications, lumbar epidural steroid injection, and magnetic resonance imaging of the lumbar spine September of 2013; showed L5 S1 disc degeneration and L4-5 herniated disc with foraminal stenosis. The treating physician requested authorization for a physical therapy evaluation, and five follow up visits for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation:** Overturned

**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-related injury in June 2013 and is being treated for low back pain and migraines. When seen, treatments had included acupuncture and medications without benefit. She had physical therapy in 2013. There was a normal neurological examination. The assessment references a diagnosis of nonspecific back pain and a physical therapy evaluation and 5 treatments were requested. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of determining whether continuation of physical therapy was likely to be effective. The request was medically necessary.

**Follow up visits for the low back x 5:** Overturned

**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-related injury in June 2013 and is being treated for low back pain and migraines. When seen, treatments had included acupuncture and medications without benefit. She had physical therapy in 2013. There was a normal neurological examination. The assessment references a diagnosis of nonspecific back pain and a physical therapy evaluation and 5 treatments were requested. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of determining whether continuation of physical therapy was likely to be effective. The request was medically necessary.