

<b>Case Number:</b>	CM15-0167700		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 69 year old male who sustained an industrial injury on 2-8-02. He reported initial complains of cumulative type trauma to the lower back and left leg. The injured worker was diagnosed as having chronic pain syndrome; postlaminectomy syndrome lumbar; spinal stenosis; lumbar radiculopathy. Treatment to date has included physical therapy; medications. Currently, the PR-2 dated 7-16-15 indicated the injured worker complains of chronic low back pain since his date of injury in 2002 and of his feet. He is seen as a follow-up and notes his pain is worsening with numbness and tingling in the legs with burning sensation. He describes his pain as achy, burning, shooting and tingling. The severity of his pain is 5-7 out of 10. His current pain is reported as 3 out of 10 and averages at 6 out of 10. His medications are listed by the provider as Neurontin and Lorzone. The provider is requesting authorization of 6 sessions of physical therapy for lumbar spine, 2 x 3, back pain flare up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of physical therapy for lumbar spine, 2 x 3, back pain flare up:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The request for six sessions of physical therapy is supported to address the recent flare-up. In addition, these sessions can be used to re-educate the injured worker in a proper home exercise program. The request for 6 sessions of physical therapy for lumbar spine, 2 x 3, back pain flare up is medically necessary and appropriate.