

<b>Case Number:</b>	CM15-0043905		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 39 year old male, who sustained an industrial injury on August 4, 2014. He reported the onset of stiffness, pain, numbness and tingling in his neck, low back, bilateral knees, bilateral elbows and bilateral hands. The injured worker was diagnosed as having disc herniation C6-7 with right upper extremity radiculopathy, lumbar strain, mild right medial epicondylitis and possible umbilical hernia. Treatment to date has included diagnostic studies, chiropractic treatment, shockwave therapy and medications. On December 22, 2014, the injured worker complained of neck pain with numbness and tingling into both arms. He has low back pain with numbness in both legs and intermittent pain in both knees, both elbows and both hands. The pain in the neck and back was rated an 8 on a 1-10 pain scale. He reported that he feels a lump in his abdominal region. His pain increases with cold weather, bending, lifting, grasping, sitting, standing, walking and climbing stairs. He has difficulty with driving, dressing, personal hygiene, household chores and home maintenance. The treatment plan included physical therapy, medications, possible surgery, diagnostic studies and modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinezone (active strengthening program) x 12 - Lumbar: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for active strengthening program, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the provider notes that the patient has low back pain with no neurological deficits. He has had some passive treatment with chiropractic and acupuncture, but no active treatment. While a course of active physical medicine treatment would be reasonable, the request exceeds the amount of such treatment recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for active strengthening program is not medically necessary.