

<b>Case Number:</b>	CM15-0054216		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 37-year-old male, who sustained an industrial injury on June 30, 2013. He has reported back pain and leg pain. Diagnoses have included lumbar spine degenerative disc disease, facet arthropathy, and lumbar spine disc herniation. Treatment to date has included injections, massage therapy, acupuncture, activity modification, and physical therapy. A progress note dated February 12, 2015 indicates a chief complaint of back pain and right leg pain. The treating physician documented a plan of care that included lumbar epidural steroid injection followed by physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Injection Physical Therapy 2 times weekly for 4 weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 is nearly 2 years status post work-related injury and continues to be treated for back and radiating leg pain. Treatments have included physical therapy and a lumbar epidural steroid injection is planned. 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. Additionally, providing physical therapy in conjunction with the epidural injection could make it difficult to determine whether any resulting improvement was due to the injection itself.