

<b>Case Number:</b>	CM15-0080759		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/01/2005
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 63 year old male who sustained an industrial injury on 10/01/2005. Current diagnoses include low back pain, degenerative disc disease, post laminectomy 2003, sciatica, neuropathic pain, and spinal stenosis. Previous treatments included medication management, back surgery, and injections. Previous diagnostic studies include an MRI of the lumbar spine. Report dated 03/20/2015 noted that the injured worker presented with complaints that included sharp shooting pain that shoots up from the right buttock to the lower lumbar spine and intermittent numbness in the bilateral lower extremity. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continue with Lidoderm patches, Relafen, and Neurontin, proceed with authorized consultation for spine surgeon, prescriptions provided for 1 year gym membership and 1 year massage therapy, proceed with authorized acupuncture, and request for physical therapy. Disputed treatments include physical therapy, 8 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 x 8 visits, Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**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 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. When seen, he had pain radiating into the lower extremities. Acupuncture was being performed. A request for an entire year of massage treatments was also requested. In this case, the chronic pain treatment guidelines apply. Under the guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.