

<b>Case Number:</b>	CM15-0087126		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/25/2006
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 56 year old male, who sustained an industrial injury on 04/25/2006. He has reported subsequent back and leg pain. Associated diagnoses were unclear. Treatment to date has included oral pain medication and a TENS unit. The only medical documentation submitted is a progress note dated 01/16/2015. During this visit, the injured worker complained of right leg and back pain. Objective findings were notable for pain in the musculature of the thoracic and lumbar spine, more prominent on the right, muscle spasms in the lumbar area on the right and positive straight leg raise on the right. A request for authorization of 9 visits of physical therapy was submitted to assist with pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 9 visits, for the lumbar and thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**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 has a remote history of a work injury occurring in April 2006 and continues to be treated for low back and right leg pain. When seen, there had been two exacerbations of pain. He was having lower extremity weakness. Physical examination findings included right lumbar paraspinal muscle spasms and positive right straight leg raise. He was referred for physical therapy. Additional testing was requested and medications prescribed. The claimant is being treated for chronic low back and leg pain. Under the chronic pain treatment 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 is not medically necessary.