

<b>Case Number:</b>	CM15-0111810		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: 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 61 year old male, who sustained an industrial/work injury on 11/23/13. He reported initial complaints of back pain. The injured worker was diagnosed as having displacement lumbar intervertebral disc without myelopathy, and spinal stenosis, lumbar region. Treatment to date has included medication, chiropractic care, and diagnostic testing. MRI results were reported on 11/27/13 noted degenerative changes in L4-S1 and severe spinal canal stenosis. MRI on 1/7/15 reported lumbar spondylosis. Currently, the injured worker complains of persistent low back pain with right sided radiculopathy. Per the primary physician's progress report (PR-2) on 4/23/15, exam revealed antalgic gait with cane use, mild demonstrates mild lumbosacral tenderness with bilateral L1-5 spasm with palpation, and negative straight leg raise on left and positive on right. The requested treatments include PT (physical therapy) to lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x3 Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 sustained a work injury in November 2013 and continues to be treated for low back pain with radiating symptoms into the right lower extremity. When seen, approximately three sessions of physical therapy had been previously provided, reported as causing a worsening of symptoms. His BMI was over 30. There was an antalgic gait with use of a cane. There was lumbar tenderness with muscle spasms and decreased range of motion. There was positive right straight leg raising. The claimant is being treated for chronic pain. 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 consistent with that recommended. The request was medically necessary.