

<b>Case Number:</b>	CM15-0117089		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 62-year-old male, who sustained an industrial/work injury on 10/3/14. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar sprain/strain, myalgia, myositis, neuralgia, reflex sympathetic dystrophy. Treatment to date has included medication, physical therapy, home exercise program, and chiropractic therapy. MRI results were reported on 12/4/14 notes degenerative disc disease, mild diffuse facet arthropathy, disc bulges at L2-3 and L4-5, and straightening of the normal lumbar lordosis. Currently, the injured worker complains of continued back pain. Per the primary physician's progress report (PR-2) on 5/14/15, examination revealed right lower back pain with tenderness to sacroiliac region with no weakness. The requested treatments include additional PT (physical therapy) to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 2x4 Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 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 sustained a work injury in October 2014 and continues to be treated for low back pain. He had chiropractic treatments with reported poor tolerance of, and compliance with, a home exercise program. In March and April 2015, he completed eight physical therapy treatments. When seen, there had been improvement during physical therapy treatments. These had stopped and he was having a return of pain. Physical examination findings included right sacroiliac joint and right low back tenderness with negative straight leg rising. Authorization for an additional eight physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments, which appears likely in this case given the recurrence of symptoms 2 weeks after completing formal treatments. The request is not medically necessary.