

<b>Case Number:</b>	CM15-0124870		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 57 year old female, who sustained an industrial injury on 5/31/13. The diagnoses have included lumbar radicular pain, anxiety and depression. Treatment to date has included medications, physical therapy, acupuncture and epidural steroid injection (ESI). Currently, as per the physician progress note dated 4/15/15, the injured worker complains of lumbar radicular pain mostly in the low back and rated 7-8/10 on pain scale. She describes the pain as aching, dull, constant pain with muscle spasms and numbness and tingling in the lower extremities. She reports 80 percent relief with the lumbar epidural steroid injection (ESI) that lasted for 2-3 months in the past. The physical exam reveals that the lumbar flexion is decreased to 45 degrees, extension to less than 5 degrees, there is tenderness to palpation along the L5 spinous process and straight leg raise is positive on the right. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Tizanidine and Melatonin. There is no previous diagnostic reports noted and there is no previous physical therapy or acupuncture sessions noted. The physician requested treatments included Physical Therapy 3 times a week for 6 weeks and Acupuncture 3 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy 3x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**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 cumulative trauma work injury with date of injury in May 2013 and continues to be treated for headaches, neck and low back pain, and right upper extremity pain. When seen, low back pain was rated at 7-8/10. There had been improvement after a prior lumbar epidural steroid injection. There was decreased lumbar range of motion with tenderness. There was decreased lower extremity strength and positive right straight leg raising. There was a non-antalgic gait. The claimant is being treated for chronic pain with no new injury. 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. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

### **Acupuncture 3x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant has a cumulative trauma work injury with date of injury in May 2013 and continues to be treated for headaches, neck and low back pain, and right upper extremity pain. When seen, low back pain was rated at 7-8/10. There had been improvement after a prior lumbar epidural steroid injection. There was decreased lumbar range of motion with tenderness. There was decreased lower extremity strength and positive right straight leg raising. There was a nonantalgic gait. The claimant is being treated for chronic pain with no new injury. 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. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.