MAXIMUS Federal Services

| Case Number: | CM15-0127629 | | |
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| Date Assigned: | 07/14/2015 | Date of Injury: | 04/29/2003 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

## 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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 59 year old male, who sustained an industrial injury on 4/29/03. The injured worker has complaints of back and bilateral leg pain left greater than right. The documentation noted on examination revealed the muscles of the anterior thigh and the muscles of the anterior neck bilaterally are getting weaker. Spinal palpation has pain bilaterally and extremity/joint palpation has pain bilaterally. The documentation noted passive left and right knee had reduced range of motion with pain and with restrictions. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbago; myalgia and myositis, unspecified and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included norco; soma; zipsor; prilosec; ambien; epidural steroid injection and total knee replacement. The request was for back stabilization program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Stabilization Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** This claimant was injured in 2003 with back and bilateral leg pain left greater than right. Muscles of the anterior thigh and the muscles of the anterior neck bilaterally are reportedly getting weaker. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbago; myalgia and myositis, unspecified and degeneration of lumbar or lumbosacral intervertebral disc. The MTUS does permit physical therapy such as that offered in a back stabilization program in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point for back stabilization, or why the approach failed. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite, "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization." This request for more skilled, monitored therapy through a back stabilization program is not medically necessary.