MAXIMUS Federal Services

| Case Number: | CM15-0129012 | | |
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| Date Assigned: | 07/15/2015 | Date of Injury: | 09/03/2013 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

## 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 41 year old male with an industrial injury dated 09/03/2013. The injured worker's diagnoses include industrial injury with lumbar disc protrusion, L4-5 (improved), industrial induced cervical disc herniation, headaches, insomnia, cervical radiculopathy, and ulcer. Treatment consisted of diagnostic studies, prescribed medications, epidural steroid injection (ESI), transcutaneous electrical nerve stimulation (TENS) unit, physical therapy and periodic follow up visits. In a progress note dated 04/16/2015, the injured worker reported ninety percent of relief of lower back and leg pain from epidural steroid injection on 02/06/2015. The injured worker reported continued neck pain. Lumbar spine exam revealed hypoesthesia over the right L4 dermatome, pain with lumbar range of motions, pain to palpitation over L2-L5/S1, positive straight leg raises and altered gait favoring left lower extremity. The treating physician prescribed services for additional 6 physical therapy (PT) visits for the lumbar spine now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 physical therapy (PT) visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines 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-related injury in September 2013 and continues to be treated for neck and radiating low back pain. Physical therapy in March 2015 provided 70% improvement after 6 treatments and 6 more treatments were provided through April 2015. When seen, his low back pain had improved. There was decreased cervical spine and shoulder range of motion. There was pain with palpation of the cervical paraspinal muscles. There was lumbar spinous process tenderness. There was left upper extremity and right lower extremity sensation. There was an abnormal gait. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy with improvement. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of what might be needed finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments and does not reflect a fading of treatment frequency. The request is not medically necessary.