

<b>Case Number:</b>	CM15-0129572		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 47 year old male who sustained an industrial /work injury on 9/22/09. He reported an initial complaint of left lower back pain. The injured worker was diagnosed as having s/p L4-5 transforaminal lumbar interbody fusion (10/25/12), small disc protrusion at L5-S1, and left lumbar radiculopathy. Treatment to date includes medication, diagnostics, right L4-S1 translaminar epidural steroid injection and left L5-S1 translaminar epidural steroid injection on 12/19/11 and again on 2/27/12 and 10/12/12, psychiatry evaluation. MRI results were reported on 1/6/10 of the lumbar spine and on 1/10/14. EMG/NCV (electromyography and nerve conduction velocity test) was performed on 9/27/10. Currently, the injured worker complained of moderate to severe back pain with limitations in activity. Per the primary physician's report (PR-2) on 6/15/15, exam noted difficulty with walking, changing position and getting off the exam table, motion was restricted due to pain and muscle spasm. Current plan of care included refer to physical therapy and medication for spasms. The requested treatments include Physical therapy, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, lumbar spine (visits) quantity: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**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 has a remote history of a work injury occurring in September 2009 and underwent a lumbar fusion in October 2012. He continues to be treated for chronic moderate to severe back pain. When seen, he was having more difficulty with daily activities. Physical examination findings included a BMI of nearly 36. He had difficulty transitioning positions. There was decreased and painful lumbar spine range of motion with guarding and muscle spasms. Robaxin was prescribed and 12 sessions of physical therapy was requested. 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 or what might be needed to determine whether continued physical therapy was likely to be effective. The request was not medically necessary.