

<b>Case Number:</b>	CM15-0095191		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 28-year-old male who reported an industrial injury on 2/27/2014. His diagnoses, and/or impressions, are noted to include a mild cervical disc bulge without radiculopathy or myelopathy. Recent x-rays and magnet imaging studies were stated to have been done. His treatments have included physical therapy; acupuncture treatments; chiropractic treatments; non-steroidal anti-inflammatories; and pain management. The progress notes of 5/6/2015 noted complaints of intermittent flare-up's in mid to lower back pain, unchanged, with any sudden adjustments in position. His main complaint is of daily, intermittent mild-moderate pain to the thoracic and lumbar spine and pelvic girdle area, without radicular symptoms, that is aggravated by activity and positioning. The objective findings were noted to include tenderness to the shoulder girdle down through the lumbar paraspinal muscles; and pain, stiffness and limited active range-of-motion. The physician's requests for treatments were noted to include additional physical therapy using the Med-X machines for the thoracic/lumbar bulge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy Using the Med-X Machines 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 sustained a work injury in February 2014. He is being treated for non-radiating thoracic, lumbar spine, and pelvic girdle pain. Recent treatments have included physical therapy and as of 04/22/15, he had attended eight treatment sessions. When seen by the requesting provider there had been benefit. He was working without restrictions. Physical examination findings included decreased spinal range of motion with left sided paraspinal tenderness. The claimant is being treated for chronic pain. He has a ready completed eight therapy sessions. Providing the number of additional skilled physical therapy services requested would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The number of visits requested is in excess of what would be needed to finalize a home exercise program including lumbar spine extension based strengthening exercises. The additional skilled physical therapy was not medically necessary.