

<b>Case Number:</b>	CM14-0178384		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the

### 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's original date of injury was May 1, 2011. The mechanism of injury occurred when the worker lifted a box weighing approximately 45 pounds and subsequently developed low back pain. The industrial diagnoses include chronic low back pain, lumbar radiculopathy, neuroforaminal stenosis, and multilevel disc bulges. The patient has had electric diagnostic studies performed on August 12, 2013 which documented lumbar radiculopathy. The disputed issue is a request for eight sessions of physical therapy to the lumbar spine. A utilization review determination on October 17, 2014 had modified this request to allow three sessions only. The rationale was that the worker has had an unspecified number of previous physical therapy visits and the guidelines recommend instruction in self-directed home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 2 times a week for 4 weeks, QTY: 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 08/22/14), Physical Therapy (PT)

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. A recent progress note on September 10, 2014 notes the patient has had management with epidural injections and medications. There is no clear outline of the total number of physical therapy sessions attended by the worker prior to this request for 8 session of physical therapy. A physical therapy note from 6/3/2014 indicates that 20 sessions of physical therapy had been attended. There is no comprehensive summary of what functional benefit the worker gained from physical therapy or if there was a change in work status. Therefore additional physical therapy is not medically necessary.