

<b>Case Number:</b>	CM15-0005383		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/12/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Washington

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 38-year-old male who reported an injury on 07/12/2009. The mechanism of injury occurred when the motor vehicle took off before he was properly seated. His diagnoses included depression, PTSD, and lumbar degenerative disc disease. His previous treatments included physical therapy, Functional Restoration Program, and medications. On 12/02/2014, the injured worker complained of achy low back pain that radiated to the bilateral lower legs rated 6/10 to 8/10. The physical examination revealed tenderness in the low back with decreased deep tendon reflexes in the bilateral knees. His relevant medications included Norco 7.5/325 mg and Flexeril. His treatment plan included medications and physical therapy 2 times a week x5 weeks. A rationale was not provided for review. A Request for Authorization form was received on 12/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The request for physical therapy, 12 sessions is not medically necessary. According to the California MTUS Guidelines, patients with neuralgia, neuritis, and radiculitis may be allowed 8 to 10 physical therapy sessions over 4 weeks. The injured worker was indicated to have participated in previous physical therapy. Guidelines also state injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. However, there is lack of documentation to specify the number of previous physical therapy sessions completed. The injured worker was indicated to have participated in previous physical therapy. However, the clinical information submitted failed to provide details regarding his previous treatments, including the number of visits completed and objective functional gains made to demonstrate the need for continued therapy. In the absence of the above regarding previous treatment, as well as a home exercise program, the request is not supported. Therefore, the request for physical therapy, 12 sessions is not medically necessary.

**One Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** As the primary service is not supported, this associated service is also not supported.