

<b>Case Number:</b>	CM15-0006890		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 injury on 7/30/2007. He has reported a fall rendering him unconscious and subsequent low back pain. The diagnoses have included lumbar sprain/strain, lumbar paraspinal muscle spasm, and lumbar disc herniation, lumbar radiculopathy of the bilateral lower extremities and sacro-ilitis of the bilateral sacroiliac joint. The injured worker underwent a decompression laminectomy and spinal fusion at lumbar 5-sacral 1 on 8/6/2014. Treatment to date has included chiropractic care, physical therapy, home exercises and medication management. Currently, the IW complains of low back pain that radiates to the bilateral lower extremities. Treatment plan included 8 sessions of Physiotherapy and an x ray of the lumbar spine. On 12/15/2014, Utilization Review certified an x ray of the lumbar spine and non-certified 8 sessions of Physiotherapy, noting the lack of improvement documented from prior physical therapy sessions. The ACOEM and Official Disability Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for 8 sessions of Physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 x 4 to the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

**Decision rationale:** The medical records report pain in the lumbar region but does not document specific functional goals for 8 physical therapy visits given previous PT has been unsuccessful. MTUS supports PT for identified goals up to 8 visits for lumbar sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for additional 8 visits of PT.