

<b>Case Number:</b>	CM15-0008967		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 24-year-old male who reported an injury on 09/18/2014. The mechanism of injury was not provided. The documentation indicated the injured worker had previously undergone physical therapy. The documentation of 01/15/2015 revealed the injured worker had low back pain and left leg pain. The injured worker had tramadol and Flexeril that were helping. The injured worker had decreased range of motion in the lumbar spine and spasms. The neurologic examination was within normal limits. The diagnoses included lumbar spine strain, herniated nucleus pulposus at L5-S1. The treatment plan included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Lumbar Spine (3x4) 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Education Page(s): 474.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia, myositis, and radiculitis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. There was a lack of documentation of objective functional benefit and an objective decrease in pain. Additionally, there was a lack of documentation of objective deficits to support the necessity for continued therapy. Given the above, the request for physical therapy for lumbar spine (3x4) 12 sessions is not medically necessary.