

<b>Case Number:</b>	CM15-0101776		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 44-year-old male, who sustained an industrial injury on 6/29/2012. He reported low back pain after lifting and twisting. The injured worker was diagnosed as having status post sacroiliac fusion, and herniated nucleus pulposus of L5-S1. Treatment to date has included medications, physical therapy, epidural steroid injection, swimming, and gym, magnetic resonance imaging of the lumbar spine (7/16/2012), CT of the pelvis (9/18/2014), low back surgery (3/10/2013), physical therapy, and pain management. The request is for physical therapy. On 5/14/2015, he complained of low back pain. He indicated swimming and going to the gym helped. Physical findings revealed healed sacroiliac incisions, negative straight leg raise test. The treatment plan included magnetic resonance imaging of the lumbar spine, x-rays of the lumbar spine, Tramadol, and physical therapy. The records indicate he benefited from previous physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Submitted reports have adequately demonstrated the indication to support the therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The 6 physical therapy sessions is medically necessary.