

<b>Case Number:</b>	CM15-0107409		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Family Practice

### 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 48-year-old male who sustained an industrial injury to his back on 09/09/2014. The injured worker was diagnosed with lumbar intervertebral disc displacement and chronic lumbosacral strain. Treatment to date includes diagnostic testing, conservative measures, lumbar epidural steroid injections, physical therapy (12 authorized), lumbar corset and medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker continues to be symptomatic with low back pain that increases with prolonged standing. Examination demonstrated no evidence of ambulation deficits. The injured worker was able to stand on his toes and heel without difficulty and had full lumbar range of motion in all planes. Lower extremity motor strength and sensory was intact with negative straight leg raise bilaterally seated at 90 degrees. There was tenderness to palpation in the lumbar midline from L4 to the sacrum. Current medications are listed as Celebrex and Tramadol. The injured worker has returned to full duty. Treatment plan consists of the current request for additional physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back. This relates back to an industrial injury dated 09/09/2014. The patient's medical diagnoses include lumbar disc disease, and lumbar strain. On examination, the SLR exam is negative, there is full ROM, motor and sensory exams are normal, and there is tenderness to palpation from L4 to the sacrum. The patient has had 12 PT sessions for the back pain. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are neither new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically necessary.