

<b>Case Number:</b>	CM15-0108826		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 27 year old female, who sustained an industrial injury on 1/30/15. She has reported initial complaints of a popping in her low back and pain that was also shooting down the legs. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, displacement of lumbar intervertebral disc without myelopathy, lumbar sprain and depression. Treatment to date has included medications, activity modifications, off work, lumbar support, heat, physical therapy, chiropractic and home exercise program (HEP). Currently, as per the physician progress note dated 4/17/15, the injured worker complains of pain in the low back. The pain is rated 3-4/10 on pain scale which has decreased from 5/10 on previous visit. The objective findings reveal that the lumbar spine has tenderness to palpation, restricted range of motion and positive straight leg raise bilaterally. The physician noted that the injured worker complains of increased pain with work restrictions and Magnetic Resonance Imaging (MRI) reports are pending. The current medications included Fexmid, Motrin, and topical compounded analgesic. The previous physical therapy and chiropractic sessions were noted in the records. The physician requested treatment included physical therapy 2 times a week for 6 weeks to the Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 X 6 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are thoracic or lumbosacral neuritis or radiculitis; displacement of lumbar intervertebral disc without myelopathy; lumbar sprain and depression. The documentation of progress note dated April 17, 2015 is a checkbox subjective and objective format. The injured worker complains of low back pain and there is tenderness palpation objectively. There was a request for physical therapy two times per week times six weeks. This appears to be a request for a second set of physical therapy sessions for the injured worker. There was a progress note dated May 26, 2015 indicating 12 out of 12 physical therapy sessions were completed. The request for authorization is May 18, 2015. There is no documentation indicating objective functional improvement with the first set of 12 physical therapy sessions. The guidelines recommend 9 visits over 8 weeks. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines are clinically indicated. Consequently, absent compelling clinical documentation indicating additional physical therapy over the recommended guidelines is clinically warranted, physical therapy two times per week times six weeks to the lumbar spine is not medically necessary.