

<b>Case Number:</b>	CM15-0019468		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona

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 55-year-old male who reported an injury on 04/22/2014 due to an unspecified mechanism of injury. On 12/22/2014 he presented for a follow-up evaluation regarding his work related injury. He reported having severe pain which was inhibiting walking and getting out of the house. The pain would radiate down the back of both legs. It was noted that he was making progress with physical therapy. A physical examination of the lumbar spine showed pain with motion and tenderness to palpation that was moderate in severity. Motor strength was a 5/5 throughout, and seated straight leg raise was positive bilaterally. He was diagnosed with post trauma response, inguinal hernia, degeneration of the lumbar intervertebral discs, sciatic, and fracture of the lumbar spine. The treatment plan was for physical therapy for the lumbar spine. The rationale for the request was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**P/O physical therapy lumbar:** 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 rationale:** The California MTUS Guidelines indicate that physical medicine is recommended for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis or radiculitis unspecified, 8 to 10 visit over 4 weeks is recommended. The documentation provided does not show that the injured worker has any significant functional deficits to the lumbar spine to support additional physical therapy sessions. Also, further clarification is needed regarding how many sessions of physical therapy he had completed as well as his response to those sessions in terms of a quantitative decrease in pain or an objective improvement in function. Furthermore, the number of sessions being requested was not evident within the documentation. Therefore, the request is not supported. As such, the request is not medically necessary.