

<b>Case Number:</b>	CM15-0137767		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	02/11/2015
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Pennsylvania, Ohio, 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 33-year-old male, who sustained an industrial injury on 02/11/2015. He has reported injury to the mid and low back. The diagnoses have included low back pain; thoracic spine T7-T8 herniated nucleus pulposus; L4-L5 herniated nucleus pulposus; bilateral lower extremity radiculopathy; myoligamentous sprain/strain of the lumbosacral spine superimposed on multilevel diffuse degenerative disc disease with bulge at L5-S1; and L5-S1 herniated nucleus pulposus. Treatment to date has included medications, diagnostics, hot/cold pack, bracing, chiropractic therapy, and physical therapy. Medications have included Norco, Voltaren XR, Naproxen, Tramadol, and topical compounded cream. A progress report from the treating physician, dated 06/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant moderately severe mid back pain rated at 7.5/10 on the pain scale. Constant moderate to moderately severe low back pain, rated at 6/10 on the pain scale, with radiation to the bilateral lower extremities with associated heaviness. His pain increases when standing; the mid and low back pain is worsening at this time; he reports anxiety; he is currently on Voltaren XR for pain management; and he is attending physical therapy two times a week which helps decrease his pain. Objective findings included tenderness to palpation noted over the mid thoracic area; thoracic range of motion is decreased; lumbar range of motion is decreased; straight leg raise test is positive bilaterally; there is mild weakness noted over the bilateral extensor hallucis longus motor groups at 4/5; and sensory deficit is noted over the bilateral L5 dermatomes. The treatment plan has included the request for 8 additional physical therapy sessions 2 x a week for 4 weeks for the thoracic and lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional physical therapy sessions 2 x a week for 4 weeks for the thoracic and lumbar spine:** Upheld

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

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.