

<b>Case Number:</b>	CM15-0145384		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Hawaii

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:

This 37 year old female sustained an industrial injury on 8-22-13. She subsequently reported low back pain. Diagnoses include disc herniation at the L5-S1 level of the lumbar spine. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. Upon examination, palpation of the lumbar spine reveals tenderness and spasm. Range of motion is reduced. Supine and active straight leg raising are positive at 60 degrees on the right. A request for Physical therapy 12 sessions, 3 times a week for 4 weeks for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions, 3 times a week for 4 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** The records indicate the patient has primarily low back pain with occasional pain into the legs. The current request is for Physical Therapy 12 sessions, 3 times a week for 4 weeks for the lumbar spine. According to the treating physician in his 5/21/15 report, page 19 (b), he recommends a therapy program to, hopefully, decrease inflammation and build up strength. The CA MTUS does recommend physical therapy and recommends a fading of treatment frequency followed by transition into active self-directed home physical medicine. This should be the goal of all physical therapy programs. CA MTUS also recommends for similar diagnoses of Myalgia and Myositis, unspecified: 9-10 visits over 8 weeks. In this case, the records appear to indicate that the patient has completed at least two full sessions of physical therapy previously. There is no indication that the patient has suffered a new injury or even an exacerbation of her condition. The current request exceeds the guidelines 9-10 visits over 8 weeks and is not supported by the available medical records. As such, the request is not medically necessary.