

<b>Case Number:</b>	CM15-0160001		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 25 year old male with an industrial injury dated 12-05-2014. The injured worker's diagnoses include low back pain, lumbar facet joint syndrome, and thoracic spine pain. Treatment consisted of X-ray of pelvis and lumbar spine, prescribed medications, physical therapy, home exercises and periodic follow up visits. In a progress note dated 07-08-2015, the injured worker presented with chronic low back pain. The injured worker reported intermittent sharp pain in the bilateral thoracic and lumbar spine, greater on the right. The injured worker rated pain a 5 out of 10. Objective findings revealed tenderness over the bilateral paraspinal muscles from L4-5 to L5-S1, positive bilateral lumbar facet joint tests, and tenderness over lumbar facet joints at L4-5 and L5-S1, greater with active extension and side rotation, and tenderness over lower thoracic paraspinal muscles. The treatment plan consisted of diagnostic studies, physical therapy, electrical acupuncture and follow up visit. The treating physician prescribed services for physical therapy once a week for 8 weeks for the lumbar and thoracic spine, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy once a week for 8 weeks for the lumbar and thoracic spine: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2014 when he strained his low back. Have included medications and there had been mild improvement with 12 sessions of physical therapy. Treatments had included a home exercise program. When seen, he was mainly having non-radiating pain. Pain was rated at 5/10. Physical examination findings included lumbar paraspinal muscle tenderness with positive facet testing and facet joint tenderness. There was pain with spinal extension. There was lower thoracic paraspinal muscle tenderness. There was a normal neurological examination. Authorization is being requested for eight sessions of physical therapy for a spinal stabilization program with posture awareness, stretching, strengthening, and gait training. For the conservative treatment of this condition, guidelines recommend up to 10 therapy treatment sessions over 8 weeks. The claimant has already had physical therapy in excess of that recommended including a home exercise program. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Therapeutic content requested includes gait training without evidence of any impairment of gait. The request is not medically necessary.