

<b>Case Number:</b>	CM15-0160050		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/23/2015
<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:

This 54-year-old woman sustained an industrial injury on 3-19-2015. The mechanism of injury is not detailed. Diagnoses include thoracic spine sprain-strain, lumbar spine sprain-strain, and left hip contusion. Treatment has included oral medications and chiropractic care. Physician notes on a PR-2 dated 5-18-2015 show complaints of low back pain rated 7 out of 10 and left hip pain rated 7 out of 10. Recommendations include extra strength Acetaminophen and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical 3 x a week for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute and Chronic), Physical therapy (PT).

**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-related injury in March 2015 when she slipped, fell, and is being treated for low back pain. She has a history of a nonindustrial rib fracture. As of 07/22/15, there had been no improvement after 5 physical therapy treatments. When seen, there was decreased and painful lumbar range of motion with tenderness and positive right straight leg raising. There was decreased dermatomal sensation. Additional physical therapy is being requested. In terms of physical therapy for this condition, guidelines recommend up to 12 treatment sessions over 8 weeks. In this case, the physical therapy already provided has not been of benefit and the number of visits requested is in excess of that recommended or what might be needed to determine whether physical therapy was likely to be any more effective. The request was not medically necessary.