

<b>Case Number:</b>	CM15-0164266		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/25/1981
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old male, who sustained an industrial injury on 11-25-1981. Diagnoses include lumbar spine disc bulge with right sided sciatica. Treatment to date has included medication management, pain management evaluation and treatment, home exercise, and physical therapy. Per the Primary Treating Physician's Progress Report dated 7-08-2015, the injured worker presented for reevaluation of lower back pain with spasm and radiation down the right lower extremity. Physical examination of the lumbar spine revealed spasm about the lower lumbar region. He reports pain with motion. There was point tenderness upon palpation about the paraspinal area. Straight leg raise was positive to the right. Flexion was 45 degrees and extension was 20 degrees. The plan of care included medication management, home exercise and physical therapy. He has completed 12 sessions of therapy and authorization was requested for an additional 18 sessions (3x6) of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of physical therapy 3 times a week for 6 weeks to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Guidelines are specific with the recommendation that up to 10 sessions of guided physical therapy are adequate for chronic musculoskeletal conditions. After that amount of sessions, there is expectation that this is adequate to establish a home activity program. Ongoing passive modalities are not Guideline supported. The request for an additional 18 sessions of therapy significantly exceeds Guideline recommendations and there are no unusual circumstances to support this great of an exception to the Guidelines. The request for 18 sessions of physical therapy 3 times a week for 6 weeks to the lumbar spine is not medically necessary.