

<b>Case Number:</b>	CM15-0164526		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 32-year-old male, who sustained an industrial injury on 9-23-14. He has reported initial complaints of injuries to the head, back and left leg working as a cop after getting rear ended by another police car. The diagnoses have included lumbar radiculopathy, lumbar disc herniation, and left traumatic posterior knee pain. Treatment to date has included medications, physical therapy, diagnostics, and lumbar epidural steroid injection (ESI). Currently, as per the physician progress note dated 7-23-15, the injured worker complains of low back pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine that reveals posterior disk bulge, mild narrowing of the left lateral recess and mild mass effect on the left S1 nerve root and neural foraminal narrowing bilaterally. The objective findings-physical exam reveals that he is able to ambulate without a limp or weakness. The lumbar range of motion is full in all planes. The straight leg raise is negative bilaterally seated at 90 degrees, and there is no significant tenderness in the lumbar spine or muscles to palpation. The physician notes that the injured worker is in need of a lightweight utility belt and he would benefit from a course of work hardening. Work status is full duty. The physician requested treatment included 12 sessions of physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy, lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbosacral strain; lateral recess stenosis at L5-S1 on the left; and internal arrangement left knee by report. Date of injury is September 23, 2014. Request for authorization is August 6, 2015. Utilization review indicates the injured worker received, at a minimum, 12 physical therapy sessions for the lumbar spine. There are no physical therapy progress notes in the medical record. According to a July 23, 2015, progress note injured worker had an episode of low back pain after placing sod that lasted approximately 2 weeks prior. As of May 2015, the injured worker returned to full duty (police officer). Objectively, there were no significant physical findings. There was no tenderness to palpation, no motor weakness or sensory deficit. The treatment plan is not contain a request, discussion, clinical indication or rationale for physical therapy, although the treatment provider discusses a work hardening program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no discussion, request, clinical indication or rationale for physical therapy, no compelling clinical facts indicating additional physical therapy is warranted and no documentation of prior physical therapy with objective functional improvement, 12 sessions physical therapy lumbar spine is not medically necessary.