

<b>Case Number:</b>	CM15-0165091		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 30 year old male, who sustained an industrial injury on 1-12-15. He reported low back pain. The injured worker was diagnosed as having multilevel lumbar degenerative disc disease, left lumbar radiculopathy, and low back pain. Treatment to date has included 12 physical therapy sessions and medication. Physical examination findings on 6-11-15 included a mildly positive straight leg raise and substantial muscle spasm in the paraspinal musculature. The injured worker reported previous physical therapy was not very helpful. Currently, the injured worker complains of low back pain with difficulty ambulating on stairs. The treating physician requested authorization for 8 additional physical therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional PT Sessions Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 January 2015 and is being treated for low back pain. Treatments have included physical therapy beginning on 01/29/15 with 12 treatments completed as of 03/04/15 for a diagnosis of a lumbar strain / sprain. When seen, there was increasing low back pain. He was having muscle spasms and was taking more Percocet. Physical examination findings included an antalgic gait. There was decreased lower extremity strength and a mildly positive straight leg raising. There was decreased lumbar range of motion with spasms. Additional physical therapy is being requested. In terms of physical therapy for this condition, guidelines recommend up to 10 treatment sessions over 5 weeks. The claimant has already had physical therapy without apparent benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to try to reestablish or revise a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.