

<b>Case Number:</b>	CM15-0165798		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/31/2015
<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:

This injured worker is a 47 year old male, who reported an industrial injury on 9-26-2014. His diagnoses, and or impression, were noted to include: lumbosacral strain with symptomatic lumbar disc herniations. No current imaging studies were noted. The history notes pre-existing underlying lumbar disc degeneration and disc herniations from lumbar 4-sacral 1. His treatments were noted to include: diagnostic studies; physical therapy for the lumbar spine; medication management; and rest from work. The progress notes of 7-21-2015 reported low back pain and right leg numbness. Objective findings were noted to include: an antalgic gait; limited, and painful, forward flexion at the lumbar spine; tenderness, with spasms, in the lumbosacral para-spinal musculature; and the review of the magnetic resonance imaging studies. The physician's requests for treatments were noted to include additional physical therapy for the lumbar spine. Current magnetic imaging studies of the lumbar spine were noted to have been done post this Utilization Review, on 7-31-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (PT) to lumbar for eight (8) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in September 2014 and is being treated for low back pain with right lower extremity numbness and right knee pain. As of April 2015 he had attended four physical therapy treatments. He was seen for an orthopedic evaluation on 07/21/15. Physical examination findings included an antalgic gait. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and spasms. There was a normal neurological examination. The assessment references a diagnosis of a lumbosacral strain and eight sessions of physical therapy was recommended. In terms of physical therapy for this condition, guidelines recommend up to 10 treatment sessions over 8 weeks. In this case, the claimant is being treated for chronic pain with no new injury and has already had a partial course of physical therapy. 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 additional visits being requested is in excess of both recommendations or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.