

<b>Case Number:</b>	CM15-0165811		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/08/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/11/2015
<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 39-year-old woman sustained an industrial injury on 4-8-2015. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 6-26-2015. Diagnoses include lumbosacral spine sprain-strain and disc herniation. Treatment has included oral medications, physical therapy, and acupuncture. Physician notes dated 8-5-2015 show complaints of increasing low back pain. The physical examination shows lumbosacral spine tenderness on palpation and reduced range of motion without sensory or motor deficit. Recommendations include additional physical therapy; continue acupuncture, pain management consultation, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for six (6) weeks for the Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 injury in April 2015 and continues to be treated for not radiating back pain. When seen, she had completed three acupuncture treatments and 18 chiropractic sessions. Although the assessment references completion of only six sessions of physical therapy, 11 treatment sessions are documented from 04/28/15 through 07/27/15. Physical examination findings included lumbar tenderness with a normal neurological examination. An additional 12 physical therapy treatment sessions were requested. In terms of physical therapy for a lumbar strain, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.