

<b>Case Number:</b>	CM15-0169288		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Massachusetts

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 51 year old female, who sustained an industrial-work injury on 3-23-15. She reported initial complaints of low back and coccyx pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar sprain and strain, and lumbosacral contusion. Treatment to date has included medication, physical therapy (3 sessions), DME (durable medical equipment), and diagnostics. X-rays were reported on 3-27-15 of the sacrum and coccyx that were normal. The lumbar x-rays noted endplate spurring and L4-5 disc narrowing. Currently, the injured worker complains of continued low back and coccyx pain rated 9 out of 10. A fall in physical therapy noted no ongoing residuals. Blood pressure reading noted hypertension. Medications were listed as Nabumetone or Orphenadrine, and Tramadol-Acetaminophen. Per the orthopedic consultation on 7-22-15, exam noted normal gait, heel toe ambulation caused no increase in back pain, central lumbar tenderness and tenderness in the lumbosacral junction and upper sacrum noted. There was decreased forward flexion and extension, positive straight leg raise at 80 degrees, diminished light touch in the stocking pattern throughout the right lower extremity up to the hip, which is non-anatomic, normal motor strength and deep tendon reflexes bilaterally, negative orthopedic tests. The Request for Authorization date was 7-22-15 and requested service included Physical Therapy for the lumbosacral spine #6. The Utilization Review on 7-27-15 denied the request for physical therapy due to lack of condition or injury. Chronic pain and condition is discovered but not addressed per the chronic pain medical treatment guidelines.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy for the lumbosacral spine #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Physical Medicine.

**Decision rationale:** According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. The IW has already completed 11 sessions of physical therapy according to provided medical records and there is no documented records indicating efficacy and reasons for requiring more physical therapy as opposed to a home exercise program. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are not indicated at this time and therefore is not medically necessary.