

<b>Case Number:</b>	CM15-0183432		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 25 year old male with a date of injury on 9-27-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain. Progress report dated 7-29-15 reports continued complaints of back pain and feeling tight and stiff with difficulty walking and sitting. He states his body feels crooked. Upon physical exam, he stands tilted to the right, he is moderately tender along the lumbar area and walks with a mild antalgic gait. MRI of lumbar spine dated 4-16-14 reveals mild posterior disk protrusion at L3-4 with a moderate posterior protrusion at L4-5. Treatments have included medication and physical therapy. Request for authorization dated 8-4-15 was made for physical therapy 3 times per week for 4 weeks for lumbar spine. Utilization review dated 8-20-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Lumbar, 3 times wkly for 4 wks, 12 sessions:** Upheld

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

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the request is not medically necessary.