

<b>Case Number:</b>	CM15-0188655		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36 year old male sustained an industrial injury on 9-16-14. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain with spondylosis and radiculitis. Previous treatment included physical therapy, medial branch blocks and medications. Documentation did not disclose the number of physical therapy sessions. The injured worker underwent lumbar medial branch block at L4-5 on 8-25-15. In a progress note dated 7-9-15, the injured worker complained of low back pain with radiation into the left thigh, rated 5 to 7 out of 10. Physical exam was remarkable for lumbar spine with decreased lordosis, tenderness to palpation in the pelvic brim and junction bilaterally and bilateral sciatic notches, slight tightness of the right paraspinal musculature, range of motion: forward flexion 60 degrees, extension 20 degrees, bilateral rotation 25 degrees and right lateral bend 25 degrees and left lateral bend 30 degrees. Extension and rotation to either side caused left junction discomfort radiating to the left lower extremity. In a progress note dated 9-9-15, the injured worker reported a reduction of left buttock pain following medial branch blocks. The injured worker rated his pain 3 to 5 out of 10. Physical exam was remarkable for tenderness to palpation at the pelvic brim and junction bilaterally with no sciatic notch tenderness. Extension and rotation to either side caused no discomfort. The treatment plan included continuing Norco and continuing physical therapy twice a week for six weeks. On 9-21-15, Utilization Review noncertified a request for physical therapy twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks: Upheld**

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

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

**Decision rationale:** The patient presents with lumbar spine pain. The current request is for Physical Therapy 2 times a week for 6 weeks. The treating physician's report dated 09/09/2015 (14A) states, "At this time he requires continued physical therapy at twice per week for six weeks." Physical therapy reports were not made available for review. The number of physical therapy sessions the patient has received was not documented. The patient is status-post MBB from 06/16/2015 (26B). The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has received some unknown number of physical therapy visits recently and the requested 12 additional sessions would exceed guidelines. The patient should now be able to transition into a home-based exercise program to improve strength and flexibility. The current request is not medically necessary.