

<b>Case Number:</b>	CM15-0192456		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Pennsylvania, Ohio, California  
 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:

The injured worker is a 49 year old, male who sustained a work related injury on 3-12-13. A review of the medical records shows he is being treated for Treatments have included lumbar spine surgery 1-6-15 and physical therapy (28 sessions). In the Physical Therapy progress notes, the injured worker reports low back pain. He reports pain level is 5 out of 10. He is no longer getting pain in his anterior thigh. He still has "moderate difficulty with bending his back, driving for more than 45 minutes." In the objective findings dated 8-27-15, he is able to balance on a single leg with both legs for 10 seconds. He is able to log roll for transfers. He has normal dermatomes and reflexes in legs. He has decreased range of motion in lumbar spine. He has positive straight leg raises with both legs. Working status is not noted. The treatment plan includes a request for additional physical therapy. In the Utilization Review dated 9-10-15, the requested treatment of physical therapy x 8 to lumbar spine is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 8 to the Lumbar Spine:** Upheld

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

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.