

<b>Case Number:</b>	CM15-0192857		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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:

The injured worker is a 58 year old male who sustained an industrial injury on 1-14-15. Diagnoses are noted as lumbar spine radiculopathy -right sided, lumbar spine sprain-strain, and lumbar spine L5-S1 grade 1 retrolisthesis of L5 on S1 with 3-4 mm disc bulge per MRI dated 3-10-15. In a progress report dated 8-12-15, the physician notes complaint of intermittent low back pain rated at 5-6 out of 10. Current medications are Norco, Valium, and Relafen. Exam of the lumbar spine is reported to reveal tenderness over the midline from L4-S1 level, pain with flexion and decreased range of motion. Previous treatment includes at least 8 sessions of physical therapy- with functional improvement noted, at least 6 sessions of acupuncture- with no reported benefit, chiropractic treatment, home exercise, medication, and use of a heating pad. Work status is total temporary disability until 9-23-15. A request for authorization is dated 8-27-15. The requested treatment of physical therapy 2 times a week for 4 weeks for the lumbar spine was denied on 9-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x a week for 4 weeks for the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines.

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

**Decision rationale:** The patient presents with intermittent low back pain. The current request is for Physical Therapy 2 times a week for 4 weeks for lumbar spine. The treating physician's report dated 08/12/2015 (65B) states, "The patient continues to relate lumbar spine pain. I recommend he attend eight sessions of physical therapy for the lumbar spine to continue functional improvement, increase range of motion and blood flow, decrease pain and inflammation, increase flexibility and endurance, and help with activities of daily living." Physical therapy reports were not made available for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The QME report dated 08/20/2015 (195B) notes that the patient has received 2 physical therapy sessions recently with noted benefit. In this case, the requested 8 sessions when combined with the previous 2 that the patient received is within guidelines. The current request is medically necessary.