

<b>Case Number:</b>	CM15-0194885		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/22/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old male, who sustained an industrial injury on 04-22-2015. The injured worker is currently working modified duties. Medical records indicated that the injured worker is undergoing treatment for lumbar spine degenerative disc disease, lumbar spine intervertebral disc disorder, and lumbar spine radiculopathy. Treatment and diagnostics to date has included physical therapy (9 visits noted from 05-18-2015 to 07-09-2015), lumbar spine MRI, and medications. Physical therapy reports noted the injured worker tolerating the treatment from fair to well with objective data noting exercises performed. After review of the progress note dated 08-24-2015, the injured worker reported low back pain that "occasionally radiate(s) into the right lower extremity to about the mid-level of the posterior thigh". Objective findings included limited lumbar extension and positive straight leg raise test. The request for authorization dated 08-24-2015 requested physical therapy 2x4. The Utilization Review with a decision date of 09-17-2015 non-certified the request for 8 physical therapy visits 2 times a week for 4 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 2 times a week for 4 weeks, quantity: 8 sessions:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in April 2015 when he had low back pain while lifting heavy boxes. He was referred for physical therapy, as of 07/09/15 nine treatment sessions are documented, and he was having ongoing pain and soreness. When seen by the requesting provider he was having mainly mechanical back pain with occasional radiating symptoms into the right lower extremity to the mid-posterior thigh level. He was working with restrictions. Physical examination findings included limited spinal extension, which caused pain. Straight leg raising was positive. There was a normal neurological examination. He had low back pain with Kemp's testing. Recommendations included an additional eight physical therapy treatments. In terms of physical therapy for a thoracic or lumbar sprain / strain, guidelines recommend up to 10 treatment sessions over 5 weeks and the claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the duration and number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not considered medically necessary.