

<b>Case Number:</b>	CM15-0197905		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	03/21/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Maryland

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

The injured worker is a 46 year old male, who sustained an industrial injury on 3-21-2015. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain, multi-level lumbar discopathy, and clinical lumbosacral radiculopathy. According to the progress report dated 8-11-2015, the injured worker presented with complaints of continued pain and stiffness to his low back with radiation down the right leg, associated with numbness and tingling. The level of pain is not rated. The physical examination of the lumbosacral spine reveals tenderness to palpation over the paraspinous region and right sacroiliac joint, spasms, limited range of motion with flexion to 35 degrees, extension to 15 degrees, right lateral bending to 20 degrees, and left lateral bending to 5 degrees, and positive straight leg raise test bilaterally. The current medications are Tramadol and Flexeril. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, physical therapy, chiropractic, and sacroiliac joint injection. Work status is described as temporarily totally disabled. The original utilization review (9-10-2015) had non-certified a request for 12 physical therapy sessions to 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 2X week X6Week Lumbar Spine #12: 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:** Physical Therapy 2 X week X 6 Week Lumbar Spine #12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT for this condition. The documentation is not clear how many prior session of lumbar PT the patient has had and the outcome. There are no extenuating factors which would necessitate 12 supervised therapy visits which would exceed MTUS recommended PT visits for this condition therefore this request is not medically necessary.