

<b>Case Number:</b>	CM15-0200732		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 60 year old female who sustained an industrial injury on 4-9-15. The injured worker reported lumbar spine pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine strain, degenerative disc disease of spine, mild scoliosis and lumbar radiculopathy. Medical records dated 8-19-15 indicate pain rated at 7 out of 10. Provider documentation dated 8-19-15 noted the work status as temporary totally disabled. Treatment has included at least 8 sessions of physical therapy, hot pack, and myofascial release. Objective findings dated 8-19-15 were notable for tenderness to palpation to the lumbar sacral spine with palpable spasms and limited range of motion. The original utilization review (9-8-15) denied a request for 6 physical therapy of the lumbar spine 2 times a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy of the lumbar spine 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** 6 physical therapy of the lumbar spine 2 times a week for 3 weeks 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 at least 8 sessions of PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.