

<b>Case Number:</b>	CM15-0201037		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/15/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/16/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male who sustained an industrial injury on June 15, 2015. The worker is being treated for: lumbosacral sprain; herniated nucleus pulposus. Subjective: June 16, 2015, June 23, 2015, "upper buttock pain described as dull and moderately severe to extremely severe in intensity. August 28, 2015, pain is "focal L4-5 central lumbar disc." Objective: June 23, 2015 "condition has improved as expected." Ambulates with normal gait. Medications: September 02, 2015, "no known medications." Prescribed this visit: Prednisone, EX Tylenol, Orphenadrine, Tramadol, El dolor. June 23, 2015: Prednisone, EX Tylenol, Orphenadrine, Tramadol, El dolor. August 28, 2015: Meloxicam, Flexeril, Ranitidine, and Ultracet. Diagnostic: radiographic study of pelvis, sacrum and coccyx. Treatment: activity modifications, medications, chiropractic care. On September 02, 2015 a request was made for physical therapy re-evaluation of the lumbar spine, and 8 sessions of physical therapy treating the lumbar spine that were noncertified by Utilization Review on September 16, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy re-evaluation for the lumbar spine, per 08/28/15 order, quantity: 1:**  
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:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 8 sessions of physical therapy without objective evidence of an increase in function of significant pain relief, therefore, the request for physical therapy re-evaluation for the lumbar spine, per 08/28/15 order, quantity: 1 is determined to not be medically necessary.

**Physical therapy for the lumbar spine twice weekly for 4 weeks, per 08/28/15 order, quantity: 8 sessions: 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:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 8 sessions of physical therapy without objective evidence of an increase in function of significant pain relief, therefore, the request for physical therapy for the lumbar spine twice weekly for 4 weeks, per 08/28/15 order, quantity: 8 sessions is determined to not be medically necessary.