

<b>Case Number:</b>	CM15-0205711		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 56 year old male who sustained an industrial injury on 8-14-13. A review of the medical records indicates that the worker is undergoing treatment for lumbar spondylosis, low back pain-chronic, lumbar degenerative disc disease, and lumbar radiculitis. Subjective complaints (8-5-15) include pain rated 4 out of 10. Objective findings (8-5-15) include an antalgic gait, spasm, tenderness and tight muscle band of the paravertebral muscles and trigger point on both sides, ankle jerk is 0 out of 4 on both sides, heel and toe walk are not normal, facet loading is positive, and left and right straight leg raise is positive. Findings (8-13-15) include a 70 pound weight loss secondary to bariatric surgery and reports he is able to do more, however, pain is still present. Work status is noted as modified duty. Previous treatment includes medication, injection, chiropractic care, physical therapy, and walking. On 9-21-15, the requested treatment of 1 physical therapy re-evaluation and treatment for the low back, quantity: 12 (per 9-9-15 order) was modified to physical therapy, low back quantity: 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation and treatment, for the low back, quantity: 12 sessions, per 09/09/15 order: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The medical records report pain in the lumbar region but does not document specific functional goals for 12 physical therapy visits, there is no documentation of specific functional outcome from previous PT. MTUS supports PT for identified goals up to 8 visits for lumbar sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 12 visits of PT. The request is not medically necessary.