

<b>Case Number:</b>	CM15-0020325		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 reported an injury on 06/15/2006. The injured worker indicated the mechanism of injury was he was run over by a truck. The prior therapies included physical therapy. The documentation of 12/17/2014 revealed the injured worker had not undergone conservative treatment for greater than 1 year. The injured worker received a lower extremity prosthetic approximately 3 years previously. The injured worker was having loosening and movement of the stump within the prosthesis when he walked. The injured worker indicated the prosthesis was provided for walking only, and that he would like a durable prosthesis so he could begin more vigorous activity, including jogging, hiking, and long walks. The injured worker's pain was 6/10. With medication it was 5/10. The physical examination revealed decreased range of motion of the lumbar spine. The diagnoses include musculoligamentous lumbar spine sprain/strain, lumbar spondylosis, and above the knee amputation right lower extremity. The treatment plan included reconsideration for the denial of therapy for the lumbar spine and the prosthesis. The documentation of 11/19/2014 revealed the injured worker had frequent low back pain. The physical examination revealed tenderness to palpation over the paraspinal muscles. The injured worker had decreased range of motion. The treatment plan included physical therapy 2 times a week times 4 weeks and tramadol 50 mg #90. There was a Request for Authorization submitted for review dated 11/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar spine x 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously attended therapy. There was a lack of documentation of objective functional deficits. The injured worker should be well versed in a home exercise program. Given the above, the request for physical therapy lumbar spine x 8 sessions is not medically necessary.