

<b>Case Number:</b>	CM15-0022650		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency 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 53 year old male who sustained an industrial injury on July 26, 2006. He has reported lumbar pain and has been diagnosed with lumbar spine pain, degenerative disc disease, lumbar spine, and sciatica. Treatment has included medications, physical therapy, and lumbar injections. Currently the injured worker complains of tightness, pinching, and stinging across the back with pain radiating to both legs. The treatment plan included physical therapy. On January 22, 2015 Utilization Review non-certified 18 physical therapy sessions for the lumbar spine citing the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, quantity: 18 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy

**Decision rationale:** The requested Physical therapy for the lumbar spine, quantity: 18 sessions, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has tightness, pinching, and stinging across the back with pain radiating to both legs. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, physical therapy for the lumbar spine, quantity: 18 sessions is not medically necessary.