

<b>Case Number:</b>	CM15-0214975		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	05/05/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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, Hawaii

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 34 year old male, who sustained an industrial injury on 5-5-15. He reported low back pain. The injured worker was diagnosed as having backache, lumbosacral spondylosis without myelopathy, and pain in joint involving the lower leg. Treatment to date has included 6 physical therapy sessions. On 9-16-15, the treating physician noted that his last physical therapy session was as the end of July and he states he did not have any relief or improvement. On 9-16-15 the treating physician noted the injured worker was "currently experiencing difficulty sleeping, prolonged walking, prolonged standing, rising from a chair, getting out of bed, getting in and out of a car, doing heavy lifting, putting and taking off his shoes, and dressing and undressing himself." Physical exam findings on 9-16-15 included diffuse spasm at L3-S1. The injured worker walked with a slight limp. Motor strength in the lower extremities was normal and reflexes were normal. Decreased sensation was noted in the left lower extremity. A straight leg raise test was positive on the left. A MRI was noted to have shown L4-5 and L5-S1 disc herniations. On 9-16-15, the injured worker complained of low back pain rated as 7-8 of 10 with radiation to the left leg and foot associated with numbness. On 9-16-15 the treating physician requested authorization for physical therapy for the lumbar spine x12. On 10-9-15, the request was modified to certify a quantity of 6 visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the lumbar spine:** 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 patient presents with low back pain with radiation to the left leg and foot associated with numbness. The current request is for 12 sessions of physical therapy for the lumbar spine. The treating physician states, in a report dated 09/16/15, "PT 2x6 L spine." (49B) The MTUS guidelines state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.