

<b>Case Number:</b>	CM15-0217195		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on 11-10-2014. Medical records indicate the worker is undergoing treatment for lumbar sprain/strain with radiculitis-radiculopathy. A recent progress report dated 9-10-2015, reported the injured worker complained of lumbar spine pain rated 8 out of 10. Physical examination revealed lumbar paraspinal tightness and spasm, sacroiliac joint tenderness and sciatic notch tenderness and lumbar decreased range of motion. Treatment to date has included acupuncture, 2 different sessions of physical therapy (unknown number of visits) and medication management. The physician is requesting 12 sessions of physical therapy to the lumbar spine. On 10-9-2015, the Utilization Review noncertified the request for 12 sessions of physical therapy to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the lumbar for 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar sprain strain with radiculitis-radiculopathy. Date of injury is November 10, 2014. Request for authorization is October 5, 2015. According to a September 10, 2015 second orthopedic initial evaluation, the review of records showed the injured worker had two sets of physical therapy. At the time of the date of injury the injured worker received physical therapy with no benefit. On or about February 2015, the injured worker received a second set of physical therapy sessions to the low back. There is moderate benefit. Subjectively, the injured worker has ongoing low back pain shooting with numbness tingling and weakness. Pain score is 8/10. There is pain in the thoracic region and bilateral shoulders. Objectively, there is tenderness at the lumbar spine, decreased range of motion, positive straight leg raising, positive spasm and positive facet joint loading. There were no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. The total number of prior physical therapy sessions is not specified. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. The treating provider is requesting an additional 12 sessions of physical therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy lumbar 12 sessions is not medically necessary.