

<b>Case Number:</b>	CM15-0043308		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 31-year-old male, who sustained an industrial injury on December 16, 2013. The injured worker had reported cervical spine, thoracic spine, lumbar spine and left hip pain related to a fall. The diagnoses have included thoracic spine sprain/strain, lumbar spine sprain/strain, lumbar spine bulging disc, lumbar spine radiculopathy, lumbar facet arthropathy, sacroiliac joint dysfunction, disability with delayed functional recovery, depression, and anxiety secondary to chronic pain and disability. Treatment to date has included medications, radiological studies, physical therapy and a home exercise program. Progress notes from 10/17/2015 notes that the injured worker reported neck pain and left hip pain, which was unchanged from the prior visit. Pain is 6-7/10. The pain was noted to occur intermittently. Exam reveals diffuse paraspinal pain from thoracic to lumbar with spasms. Positive straight leg raise. Medications were noted to be helpful for the pain. Patient has completed at least six prior physical therapy sessions but additional information about prior treatments is lacking from provided documentations. The treating physician's plan of care included a request for 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 three times a week for four weeks lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. The provider requested 12 sessions. Patient has reportedly already undergone unknown number of PT sessions (at least 6) with no documentation of any improvement or change in function. Due to excessive PT sessions and no documentation of results or prior PT, additional physical therapy is not medically necessary.