

<b>Case Number:</b>	CM15-0046419		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 42 year old female, who sustained an industrial injury on 1/28/2014. Diagnoses include lumbosacral spondylosis and spur calcaneal - right with contusion. Treatment to date has included physical therapy, diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 2/20/2015 the injured worker reported low back pain and right foot pain. She has intermittent radiation of pain into the right lower extremity down the back of the leg. Physical examination revealed normal muscle tone in the upper and lower extremities. Her gait revealed no abnormalities. The plan of care included medications and continuation of physical therapy. Authorization was requested for physical therapy x 6 sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of physical therapy for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, 6 physical therapy sessions to the lumbar spine 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 diagnoses are spondylosis lumbosacral; and right spur calcaneal contusion. The documentation is somewhat confusing regarding the total number of physical therapy sessions. Progress note dated February 20, 2015 indicates the injured worker received (at a minimum) six sessions of physical therapy one year prior. There was no documentation of objective functional improvement associated with those physical therapy sessions. The treating physician requested an additional 12 sessions of physical therapy. The 12 sessions of physical therapy were modified to 4 sessions of physical therapy. The record is unclear as to the specific physical therapy guideline, total number of physical therapy visits and timeframe applied to the injured worker. The injured worker received 10 sessions of physical therapy. As noted above, there was no objective functional improvement associated with the physical therapy rendered. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, six sessions of physical therapy to the lumbar spine are not medically necessary.