

<b>Case Number:</b>	CM15-0048272		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male who sustained an industrial injury on 07/18/2013. Current diagnoses include discogenic low back pain and lumbar radiculitis. Previous treatments included medication management and physical therapy. Report dated 02/25/2015 noted that the injured worker presented with complaints that included constant tight soreness along the low back. It was noted that the injured worker has completed an additional 8 visits of physical therapy sessions and pain extending down the left posterior thigh has decreased in frequency and he feels that he is progressing with the exercise programming and getting stronger. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for additional physical therapy, refilled prescriptions for Celebrex and Tizanidine, discontinuation of Lyrica but may restart if radicular symptoms increase, and follow up on 04/08/2015. Request is for additional Physical Therapy sessions 2 times a week for 4 weeks, low back. The physician noted that pain has been centralized and flare-ups are decreasing in severity and sitting tolerance is improving, and the injured worker is progressing with strengthening exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy sessions 2 times a week for 4 weeks, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, (Effective July 18, 2009).

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

**Decision rationale:** Additional Physical Therapy sessions 2 times a week for 4 weeks, low back are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient had 8 visits. There are no extenuating factors that would require an additional 8 visits of supervised therapy. The patient should be transitioning to an independent home exercise program. The request for additional physical therapy is not medically necessary.