

<b>Case Number:</b>	CM15-0053080		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury on 2/9/10. He subsequently reported lumbar back pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include L4, L5-S1 disc herniations and facet syndrome. Treatments to date have included prescription pain medications. The injured worker continues to experience ongoing low back pain. A request for Physical therapy 2x/week for 6 weeks for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x/week for 6 weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

**Decision rationale:** The medical records indicate physical examination noting ongoing pain. MTUS supports PT for identified deficits with goals of therapy but the medical records do not identify goals of therapy and does not demonstrate why the insured is not able to do self directed

program. As such the medical records do not support the necessity of the PT therapy congruent with MTUS guidelines. The request is not medically necessary.