

<b>Case Number:</b>	CM15-0056412		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 28-year-old male who sustained an industrial injury on 6/2/14. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lower back pain, lumbosacral or thoracic neuritis or radiculitis unspecified, and lumbar discogenic syndrome. Treatments to date have included transcutaneous electrical nerve stimulation unit, home exercise program, oral pain medication, physical therapy, epidural steroid injection, anti-inflammatory medication, and chiropractic treatments. Currently, on 2/12/15 the injured worker complains of pain in the back with radiation to the lower extremities. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation and positive SLR. Per the doctor's note dated 3/30/15 patient had complaints of pain in the back with radiation to the lower extremities with numbness and tingling. Physical examination of the low back revealed tenderness on palpation and muscle spasm. The patient has had MRI of the lumbar spine that revealed disc bulge. The medication list include Naproxen, omeprazole and Cyclobenzaprine. The plan of care was for physical therapy and a follow up appointment at a later date. Patient has received an unspecified number of PT visits for this injury. The patient had used a TENS for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; eight (8) sessions (2x4): 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 therapy Page(s): 98.

**Decision rationale:** The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy; eight (8) sessions (2x4) is not fully established for this patient.