

<b>Case Number:</b>	CM15-0059108		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/25/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 19-year-old male, who sustained an industrial injury on 10/25/2014. He has reported subsequent low back pain and was diagnosed with lumbar strain and left L5/S1 herniated nucleus pulposus. Treatment to date has included oral, topical and injectable pain medication and physical therapy. In a progress note dated 03/09/2015, the injured worker complained of persistent low back pain radiating to the legs. Objective findings were notable for an antalgic gait, mild lumbar tenderness, muscle spasms in the paraspinal musculature and decreased range of motion of the lumbar spine. A request for authorization of physical therapy of the lumbar spine was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 weeks for the lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 474.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low Back Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in October 2014 and continues to be treated for low back pain with lower extremity radiating symptoms. The claimant is participating in physical therapy, reported as going well. Physical therapy treatment for this condition would be expected to consist of up to 12 sessions over 8 weeks. Compliance with a home exercise program would be expected. Providing this number of additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the additional physical therapy requested was not medically necessary.