

<b>Case Number:</b>	CM15-0081317		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 41 year old male, who sustained an industrial injury on August 28, 2014. The injured worker reported back pain. The injured worker was diagnosed as having lumbar fracture and low back pain. Treatment and diagnostic studies to date have included physical therapy and medication. A progress note dated March 12, 2015 provides the injured worker complains of low back pain. Physical exam notes lumbar tenderness with slight limp. He is noted to have improved. The plan includes physical therapy, home exercise and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in August 2014. He fell from a ladder and had an L1 compression fracture treated with a TLSO. Treatments have included physical therapy and as of 03/05/15 he had completed six treatment sessions. When seen, he had improved with therapy and pain medications. Physical examination findings included lumbar spine tenderness and he had had BMI of nearly 29. Recommendations included remaining out of work with continuation of medications and therapy. Guidelines recommend up to eight treatment sessions over 10 weeks for the treatment of this condition. In this case, the additional therapy being requested is in excess of that recommendation and would not reflect a fading of treatment frequency. It is not considered medically necessary.