

<b>Case Number:</b>	CM15-0082523		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 39 year old male injured worker suffered an industrial injury on 06/06/2014. The diagnoses included lumbosacral disc herniations, lumbar moderate left neuroforaminal stenosis and lumbago. The diagnostics included lumbar x-rays and magnetic resonance imaging. The injured worker had been treated with medications, physical therapy and back brace. On 4/7/2015 the treating provider reported the low back pain was severe at 7/10 that was intermittently radiating to the buttocks and right leg with numbness, tingling and weakness along with limited range of motion. The injured worker had difficulty with basic activities of daily living. The treatment plan included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional six (6) physical therapy sessions for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** Additional six (6) physical therapy sessions for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with transition to a home exercise program. Per the document dated 4/7/15 the patient has had 6 prior PT sessions. The documentation does not indicate extenuating circumstances which would necessitate exceeding the MTUS Guidelines. The request for 6 more PT sessions is not medically necessary.