

<b>Case Number:</b>	CM15-0085651		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 injured worker is a 46 year old male with an industrial injury dated 02/19/2007. The injured worker's diagnoses include sprain of the neck, sprain of lumbosacral, sprain of thoracic and left sciatica. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/17/2015, the injured worker reported low back pain with spasms and radiation into shoulder. The injured worker also reported neck pain radiating into hands. Objective findings revealed positive straight leg raises and decrease range of motion. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for physical therapy for the low back 3x6 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back 3x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** Physical therapy for the low back 3x6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT and participates in a home exercise program which the patient should be well versed in by now. There are no extenuating factors which would necessitate 18 more supervised therapy visits therefore this request is not medically necessary.