

<b>Case Number:</b>	CM15-0088160		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 48 year old, male who sustained a work related injury on 8/14/14. He was moving a cart full of equipment weighing approximately 300 pounds when the left front wheel of cart fell off. The cart flipped over and he was also flipped sideways. He felt a pulling as well as sharp pain in his mid and low back. The diagnoses have included lumbosacral sprain, lumbar radiculopathy and lumbar degenerative disc disease. The treatments have included 12 sessions of physical therapy, acupuncture, chiropractic treatments - all with some benefit, injections, a lumbar epidural steroid injection with some benefit and medications. In the Comprehensive Initial Orthopedic Consultation note dated 3/20/15, the injured worker complains of low back pain with radiation down left leg. He states 70% of the pain is in his back and 30% in his legs. He has aching pain in mid back, left buttock and left upper leg as well as stabbing pain in his low back. He rates his pain level an 8/10. He has decreased range of motion in low back. The treatment plan includes a request for an additional 6 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional physical therapy sessions:** Upheld

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

**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-related injury in August 2014 and continues to be treated for radiating low back pain. Treatments have included 12 physical therapy sessions. When seen, pain was rated at 8/10. There was decreased lumbar range of motion with a mild limp and low back pain with straight leg raising. Guidelines recommend up to 12 treatments over 8 weeks for the claimant's condition. In this case, the claimant has already had an appropriate course of therapy. Finalization of a home exercise program, if needed, would not require the number of requested treatments. The request was not medically necessary.