

<b>Case Number:</b>	CM15-0088379		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/15/2012
<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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 54-year-old male, with a reported date of injury of 12/16/2012. The diagnoses include low back pain, lumbar myalgia/myospasm, lumbar herniated nucleus pulposus, and lumbar radiculopathy to the left lower extremity. Treatments to date have included oral medications, an MRI of the lumbar spine on 03/12/2013 and 12/12/2013, electrodiagnostic studies on 12/08/2014, and chiropractic treatment. The progress report dated 03/20/2015 indicates that the injured worker had constant pain in the low back, with radiation of pain into the lower left extremities. His pain was unchanged. The pain was rated 7 out of 10. A physical examination of the lumbar spine showed tenderness to palpation of the paravertebral muscle with spasm, positive seated nerve root test, and guarded and restricted range of motion. The treating physician requested eight physical therapy sessions for the lumbar spine. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to lumbar spine (sessions) Qty 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, pages 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed some unnumbered physical therapy (no number of completed sessions actually included in the notes provided) following the injury which was years prior to this request. There was no documented explanation as to why supervised physical therapy was needed at this point in the treatment, and there was no evidence to suggest an inability to perform home exercises to complete this physical therapy. Therefore, the request for 8 additional sessions of physical therapy is not medically necessary, considering the evidence found in the documents provided for review.