

<b>Case Number:</b>	CM15-0100173		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 35 year old male, who sustained an industrial injury on 11/04/2014. He reported acute low back pain from repetitive lifting and squatting activities. Diagnoses include lumbar sprain and radiculitis, right leg. Treatments to date include NSAID, analgesic, and chiropractic therapy. Currently, he complained of low back pain with radiation to the right leg associated with numbness, tingling and weakness. On 3/12/15, the physical examination documented lumbar tenderness and spasm with bilaterally positive straight leg raise tests. The treating diagnoses included lumbar disc herniation at L4-5 level. The plan of care included physical therapy for the lumbar region, three times weekly for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional twelve (12) Outpatient physical therapy to the lumbar region, three (3) times a week over four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 November 2014 is being treated for low back and right lower extremity radicular symptoms. When seen, he had completed eight therapy treatment sessions. There had been no change in symptoms. Physical examination findings included decreased spinal range of motion with tenderness and muscle spasms. Straight leg raising was positive on the right side. Guidelines recommend up to 12 treatment sessions over an eight week period of time in the treatment of his condition. This case, the additional number of treatments being requested is in excess of that recommended and the claimant had not improved with the treatments already provided. The request does not reflect a fading of treatment frequency and is not medically necessary.