

<b>Case Number:</b>	CM15-0010565		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male who suffered a work elated injury on 07/26/13. Per the physician notes from 12/15/14, he underwent a second left lumbar ESI on 11/25/14 with temporary relief of symptoms. The treatment plan consists of physical therapy to the lumbar spine. On 12/24/14, the Claims Administrator non-certified the physical therapy, citing MTUS guidelines. The non-certified treatments was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional outpatient physical therapy for the lumbar spine, 2 times a week for 3 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to the 12/15/2014 report, this patient presents with persistent low back pain. The current request is for 6 additional outpatient physical therapy for the lumbar spine 2 times a week for 3 weeks. The request for authorization is on 12/15/2014. The patient's work status is return to full duty on 12/16/2014. The Utilization Review denial letter states there is lack of documentation how many total sessions of therapy this claimant has underwent as well as lack of any physical therapy notes. It is unknown why this claimant cannot be directed to self-Home Exercise Program at this time. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no therapy reports and there is no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.