

<b>Case Number:</b>	CM15-0110764		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 57 year old male, who sustained an industrial injury on 12/14/2011. Diagnoses have included lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus (HNP)/bulge, lumbar spine radiculopathy and lumbar spine spinal stenosis. Treatment to date has included chiropractic treatment, physical therapy and medication. According to the progress report dated 5/27/2015, the injured worker complained of a recent flare-up of pain rated 7-8/10 across his lower back radiating to the left posterior leg to the calf and ankle. He also complained of right anterior thigh numbness. He rated his current pain as 3/10. He was working light duty. Physical exam revealed that left supine straight leg raise at approximately 50 degrees increased low back pain and gluteal pain. Authorization was requested for physical therapy twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6:** 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 Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for initial excessive PT sessions for flare-up without extenuating circumstances established beyond the guidelines. The Physical therapy 2 x 6 is not medically necessary and appropriate.