

<b>Case Number:</b>	CM15-0111503		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/21/2015
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/28/2015
<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: 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 46-year-old male, who sustained an industrial injury on 03/21/2015. On provider visit dated 03/30/2015 the injured worker has reported low back pain, lumbosacral spine pain and right lower extremity tingling. On examination of the lower back revealed tenderness, decreased range of motion and had noted discomfort. Straight leg raise was positive. The diagnoses have included lumbar spine strain, back strain and back spasm. Treatment to date has included medication and chiropractic therapy. MRI of the lumbar spine dated 04/08/2015 revealed straightening of the lumbar lordosis, disc desiccation at L3-L4 down to L5-S1, degenerative changes at endplates L5-S1, bilateral facet degenerative change and ligamentous flavum hypertrophy at L1-L2 and L2-L3 and diffuse disc herniation at L3-L4, L4-L5 and L5-S1. The provider requested physical therapy 2 times per week for 6 weeks to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks to the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/15) - Online Version, Physical Therapy (PT).

**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 March 2015 and is being treated for radiating low back pain. When requested, he was wearing a lumbar support. There was lumbar paraspinal and right sacroiliac joint tenderness with muscle spasms. There was decreased spinal range of motion. There was positive straight leg raising and decreased right lower extremity sensation. Authorization for an MRI scan of the lumbar spine and therapy was requested. Guidelines recommend up to 12 visits over 8 weeks for the treatment of this condition. In this case, the number of treatments requested is within that recommendation is medically necessary.