

<b>Case Number:</b>	CM15-0112627		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 31 year old male who sustained an industrial injury on 02/24/2014. He reported injury to this lower back and right leg. The injured worker was diagnosed as having lumbar radiculopathy, low back pain, and sprains/strains of the lumbar region. Treatment to date has included medications, physical therapy (x 6), chiropractic treatments, x-rays, and MRI. Currently, the injured worker complains of pain in the lower back and right foot that he rates a 8/10 at best and 9/10 at worst. His lower back pain radiates down the right leg and is associated with numbness, tingling and weakness in the right leg and right foot. Prolonged standing prolonged sitting, prolonged walking, stooping, bending forward, bending backward and carrying items aggravate his pain as does overhead activities. The pain is relieved with resting, lying down, and applying heat over the affected areas, or leaning forward with support. The treatment plan includes a trial of acupuncture treatment, a transforaminal lumbar injection right L4-L5 and L5-S1, electromyography, and a nerve conduction velocity of the right lower extremity and follow up. A request for authorization is made for PT 1 x 6 Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 1 x 6 Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week from six weeks to the lumbar spine and is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sprain or strain lumbar region; and lumbar radiculopathy. According to an April 8, 2015 progress note, the injured worker has ongoing low back pain with numbness and tingling radiating down the legs. The injured worker received six out of six physical therapy sessions. There was improvement in the right leg discomfort but minimal improvement in the low back pain. The injured worker also received chiropractic sessions six out of six. There was minimal improvement with chiropractic manipulation. There is no documentation demonstrating objective functional improvement with the six visit clinical trial. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy one time per week times six weeks of the lumbar spine is not medically necessary.