

<b>Case Number:</b>	CM15-0113024		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/08/2015
<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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 36 year old male who reported an industrial injury on 12/2/2014. His diagnoses, and/or impressions, are noted to include: lumbosacral sprain/strain; and lumbago. Electromyogram and nerve conduction report of the lower extremities are noted on 4/21/2015; no current imaging studies are noted. His treatments have included physical therapy; medication management with toxicology screenings; and rest from work. The progress notes of 6/1/2015 reported no significant changes in the type or pattern of pain in his lower back and right leg, which is helped by medications. Objective findings were noted to include review of the electromyogram report of the lower extremities that was unremarkable; positive stress sciatic test on the right side; and lower back pain with heels walking. The physician's requests for treatments were noted to include additional physical and occupational therapy for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment: manual therapy techniques, therapeutic exercises, electrical stimulation and ultrasound for the low back 2 times weekly for 4 weeks, quantity: 8 sessions, per 06/01/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration, Physical Medicine Guidelines Page(s): 7, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic): Physical therapy (PT).

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

**Decision rationale:** CA MTUS supports physical therapy that provides short-term relief during the early phases of pain treatment. In this case, the patient has completed 8 PT visits for his low back strain. Additional PT visits exceeds the MTUS prescribed guidelines. There have been no functional goals documented or evidence that this patient cannot transition to a home exercise program. Additional PT visits are not medically necessary.