

<b>Case Number:</b>	CM15-0114909		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, 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 21 year old male who sustained an industrial injury on 5/6/14 developing pain, weakness, and numbness of the low back and left knee after repetitive lifting. He was medically evaluated, had x-rays of the low back, left knee, received medications and a brace. He had worsening pain and received five trigger point injections to the low back with relief for eight hours. He currently complains of constant low back pain with radiation to bilateral lower extremities down to the left heel. His pain level is 8/10. On physical exam of the lumbar spine there was tenderness on palpation with decreased range of motion. He has difficulty with stairs, light housework, cooking, rising from a chair and sex. Medication was ibuprofen. Diagnoses include lumbar sprain/ strain; lumbar spondylosis without myelopathy; lumbar radiculopathy; thoracic spine sprain/ strain; bilateral knee sprain/ strain. Treatments to date include acupuncture, which helped; chiropractic care, which was beneficial. Diagnostics include electro diagnostic studies (10/10/14) of the lower extremities were abnormal; MRI of the lumbar spine (9/11/14) showing disc protrusion and radiculopathy; MRI of the left knee (9/11/14) unremarkable; MRI of the right knee (9/11/14) unremarkable. In the progress note dated 4/2/15 the treating provider's plan of care includes 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy 2 x a week for six (6) weeks to the lumbar spine:**  
Upheld

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

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

**Decision rationale:** The CA MTUS recommends the use of active therapy that is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and alleviation of discomfort. The guideline further state that active therapy is associated with substantially better clinical outcomes especially for injured workers/patients who are experiencing chronic pain. However, if a general course of treatment has been completed and additional sessions are requested there should be documentation of significant decrease in pain levels or significant increase in functional improvements. In this case, the injured worker is noted to have completed prior 18 sessions of physical therapy, 24 sessions of acupuncture, and chiropractic care which resulted to achieving significant improvements. However, the injured worker still presented pain levels rated at 7-9/10 in spite of undergoing multiple physical modalities. Furthermore, there is no evidence of any functional improvements secondary to the prior physical modalities provided. Therefore, the medical necessity of the requested physical therapy to the 2x a week for 6 weeks to the lumbar spine is not medically necessary.