

<b>Case Number:</b>	CM15-0119185		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Preventive Medicine, Occupational 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 is a 24 year old male, who sustained an industrial injury on 05/19/2014. The injured worker reported pain to the low back to the right lower extremity after lifting a brake drum that weighed approximately 100 to 120 pounds. The injured worker was diagnosed as having lumbar spine bulging disc at lumbar four to five and lumbar five to sacral one with right-sided sacral one radiculopathy. Treatment and diagnostic studies to date has included medication regimen, physical therapy, and magnetic resonance imaging of the lumbar spine. In a progress note dated 04/15/2015 the treating physician reports complaints of pain to the low back with right sided radiculopathy. Examination reveals spasm to the right lower lumbar area, pain with motion, tenderness to the right lower lumbar region, positive Lasegue's test on the right, and decreased range of motion to the lumbar spine. The treating physician noted prior physical therapy but the medical records did not indicate the quantity of the prior physical therapy sessions and also did not indicate if the injured worker experienced any functional improvement with prior physical therapy. The treating physician requested physical therapy to the lumbar spine three times per week for four weeks with the treating physician noting the request for ultrasound, massage, and therapeutic exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the low back 3 times per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**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 - Physical Therapy.

**Decision rationale:** MTUS Guidelines recommend that up to 10 total sessions of physical therapy are adequate for this individual's condition. This is consistent with ODG Guidelines that recommend up to 12 total sessions of physical therapy when a radiculitis/radiculopathy is present. This individual has had prior physical therapy without undocumented benefits. A few additional sessions for a flare up and/or to update an appropriate activity program might be reasonable, but the request for a full additional 12 sessions of therapy is not supported by Guidelines. The request for physical therapy to the low back 3 times per week for 4 weeks is not consistent with Guidelines and there are no unusual circumstances to justify an exception to Guidelines it is not medically necessary.