

<b>Case Number:</b>	CM15-0124931		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 52-year-old male who sustained an industrial injury on 11/13/2014 resulting in back pain. He was diagnosed with thoracic and lumbar vertebral compression fractures, and history of nonindustrial probably L5-S1 radiculopathy, resolved. Treatment has included use of thoracolumbar sacral orthosis brace. He does not take pain medication. The injured worker continues to report low back pain, especially after standing or sitting for more than 30 minutes. The treating physician's plan of care includes 6 sessions of physical therapy for the lumbar/thoracic spine. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT x 6 Sessions for The Lumbar/Thoracic Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in November 2014 and continues to be treated for low back and right knee pain. He has completed 12 physical therapy treatments for the knee and now treatment for the low back is being requested. Then seen, there was left lumbar tenderness with spasms and positive flip testing. A range of motion / pain diagram was consistent with left sided facet pain. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and the claimant has not had prior physical therapy for the spine. The request was medically necessary.