

<b>Case Number:</b>	CM15-0126136		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 40-year-old female who sustained an industrial injury on 01/03/2015. Mechanism of injury occurred when she tripped over a cart and sustained a contusion to her lower back. Diagnoses include lumbar strain and right gluteal bursitis. Treatment to date has included diagnostic studies, physical therapy, chiropractic sessions, acupuncture, medications, and cortisone injections. On 02/05/2015, a Magnetic Resonance Imaging of the lumbar back showed a desiccated mild L1-L2 degenerative disc but no impingement, attenuation of the ventral subarachnoid space at L3-L4 but no impingement, mild bulging of L4-L5 and attenuation of the right ventral subarachnoid space at the L5-S1 level with mild right neuroforaminal stenosis but no impingement on the thecal sac or nerve roots at this level. Her medications include Norflex, Norco, Nabumetone, Lansoprazole, Ranitidine, Propranolol, and Albuterol. She continues to work full duty. The most recent physician progress note dated 03/17/2015 documents the injured worker complains of lower back pain more so with standing of sitting for prolonged periods. She has focal tenderness to palpation of the area of the lumbosacral junction and to the right gluteal bursa. Straight leg raise is negative bilaterally. She received a cortisone injection in the right gluteal bursa on the right side with this visit. Treatment requested is for Outpatient Physical Therapy (PT) three (3) times a week over two (2) weeks to the back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy (PT) three (3) times a week over two (2) weeks to the back:**  
Upheld

**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) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for low back pain. Treatments included chiropractic care and physical therapy and, as of 05/13/15, she had completed six treatment sessions for low back pain and right-sided sciatica. When seen, pain was rated at 8/10. There was right low back and sacroiliac joint tenderness with decreased lumbar spine range of motion. Additional physical therapy was requested. An MRI of the lumbar spine in January 2015 showed findings of mild disc space narrowing at L5-S1. Guidelines recommend up to 10 physical therapy treatments over 8 weeks for the claimant's condition. In this case, the number of additional treatments being requested is in excess of the guideline recommendation. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.