

<b>Case Number:</b>	CM15-0129684		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 37 year old male with an industrial injury dated 01/21/2014. The injury is documented as occurring when he tried to stop a full milk crate from falling. His arms were outstretched and fully extended to prevent the crate from falling. He felt a shooting pain in his back. His diagnosis was sprain/strain (lumbar.) Prior treatments included medial branch blocks and physical therapy. He was seen on 04/14/2015 with complaints of back pain. Physical exam showed midline lumbar tenderness with mild muscle guarding. MRI dated 04/17/2014 showed a diffuse disc bulge at lumbar 4-5. Medications were Ibuprofen and Tramadol. The request is for home health physical therapy 3 sessions, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health physical therapy 3 sessions, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, home health services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for low back pain with a diagnosis of Grade 1-2 L5-S1 spondylolisthesis. Treatments have included medications, injections, and extensive physical therapy. He was seen as an outpatient on 05/21/15. There was mild thoracic paraspinal muscle and spinous process pain. There was lumbar facet tenderness and back pain was increased with extension. Authorization for home physical therapy was requested. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has been able to participate in outpatient physical therapy treatments and outpatient office visits. The requested home physical therapy is not medically necessary.