

<b>Case Number:</b>	CM15-0161247		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/03/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29 year old male who sustained an industrial injury on 03-03-2015. Medical records indicate the worker was treated for lumbar spine pain. In the provider notes of 07-24-2015, the injured worker complains of lower back pain that was constant and described as sharp and burning. The pain was at the middle of the back with radiation to the right hip and thigh. Physical examination of the lumbar spine was: flexion of 45 degrees and extension of 15 degrees and bilateral bending of 20 degrees with pain. On examination, both lumbar and thoracic spine has slight scoliosis. There was intact sensation to light touch bilaterally L4 through S1, and there was tenderness to palpation of the lumbar spine. Medications have included prednisone, and Tramadol. The treatment plan included consultation physical therapy and consultations. The worker has completed six of six authorized sessions of occupational therapy. The worker states he is: "Moving better but with some tightness still in the back." The plan is for continuation of physical therapy. A request for authorization was submitted for PT 3x6 Lumbar Spine. A utilization review decision on 08-04-2015 modified the request to approve physical therapy 2 times per week for two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3x6 Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The doctor's first report dated 7/23/15 indicates the patient is having ongoing low back pain and the patient feels he is not getting better. The current request is for physical therapy 3 x 6 for the lumbar spine. The attending physician offers no discussion for the request. CA MTUS does recommend physical therapy as an option, at a decreasing frequency with a transition into fully independent home-based exercise. Physical medicine guidelines recommend for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has completed at least 6 physical therapy sessions. By the patient's own admission, in the 7/23/15 first report of occupation injury, he states that his back is not getting better. There are no available records, which document objective functional improvement with the previous physical therapy. The current request for 18 sessions exceeds guideline recommendations. Additional physical therapy beyond six visits may be recommended with documentation of functional improvement. The available medical records do not establish medical necessity for the current request of 18 sessions of physical therapy for the lumbar spine.