

<b>Case Number:</b>	CM15-0178477		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: 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 30 year old female, who sustained an industrial injury on 12-1-2014. The injured worker was being treated for lumbosacral neuritis not otherwise specified; lower back sprain, lumbar radiculopathy, and contusion of the back with intact skin surface. Medical records (6-11-2015 to 8-20-2015) indicate ongoing low back pain. On 8-20-2015, the injured worker reported having finished physical therapy and she is doing home exercises. She reported that she feels better overall. The physical exam (6-11-2015 to 8-20-2015) revealed a normal gait, good lumbar spine lordosis, and tenderness over the facet joints at the left L5-S1 (lumbar 5-sacral 1) level. There was flexion of 70 degrees and extension of 30 degrees, bilateral straight leg raise at 60 degrees, and no atrophy or weakness. On 2-20-2015, an MRI of the lumbar spine revealed 2 millimeter, mild diffuse bulges of the L4-5 (lumbar 4-5) and L5-S1 discs without significant central canal neural foraminal narrowing. The medical records show a least 7 sessions of physical therapy with therapeutic exercise, manual therapy, and electrical stimulation from 2-20, 2015 to 8-6-2015. Per the treating physician (8-20-2015 report), the injured worker was to return to work with modifies duty that included limited lifting and carrying to 10 pounds. The requested treatments included continued physical therapy for the lower back (6 sessions). On 8-7-2015, the original utilization review non-certified a request for continued physical therapy for the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (lower back) 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 07/17/2015.

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

**Decision rationale:** Review indicates the patient has been authorized 10 PT visits with an additional 6 sessions on 7/23/15 for a total of 16 PT visits. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines as the patient should have instructions to transition to an independent HEP. The Continued physical therapy (lower back) 2 times a week for 3 weeks is not medically necessary or appropriate.