

<b>Case Number:</b>	CM15-0064527		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old man sustained an industrial injury on 10/24/2013. The mechanism of injury is not detailed. Diagnoses include lumbosacral radiculopathy with disc bulge, lumbosacral narrowing, and lumbar musculoligamentous sprain. Treatment has included oral medications and physical therapy. Physician notes dated 10/9/2014 show complaints of lumbar spine pain rated 8/10 with left lower extremity numbness. Recommendations include Norco, Ultram, pain management consultation, lumbar spine epidural steroid injections, Soma, urine drug screen, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4 to lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58 and 59 of 127.

**Decision rationale:** The MTUS do have specific guidelines regarding physical therapy for back pain. These include a trial of 6 visits over 2 weeks. If there is evidence of functional improvement, up to 18 visits over 6-8 weeks is added. Elective or maintenance care is not necessary. This patient has already undergone physical therapy. There is inadequate documentation of substantive functional improvement seen to warrant further treatment. Further, active in home treatment such as independent strengthening and range of motion exercises is associated with substantially better clinical outcomes. Therefore, this request is not medically necessary.