

<b>Case Number:</b>	CM15-0068479		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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 39 year old male, who sustained an industrial/work injury on 3/15/14. He reported initial complaints of back pain. The injured worker was diagnosed as having left L4-5 disc protrusion with moderate to severe canal stenosis, and left L5-S1 radiculopathy. Treatment to date has included medication, quad cane, home exercise program, and 6 sessions of physical therapy. MRI results were reported on 3/28/14. Currently, the injured worker complains of back pain and (L>R) leg pain. Per the primary physician's progress report (PR-2) on 3/17/15, exam revealed antalgic gait, decreased sensation to light touch in the left L5-S1 dermatomes. Surgical intervention was declined at that time by the injured worker. The requested treatments include physical therapy of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly, lumbar spine (6 sessions):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**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, Sciatica.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy with improvement including a decreased in opioid medication usage. He has completed 6 treatment sessions and an additional six treatments is being requested. Guidelines recommend 10 to 12 therapy visits over 8 weeks for the treatment of this condition. In this case, the claimant is benefitting from the treatments being provided and the request is within the guideline recommendation. The request is therefore medically necessary.