

<b>Case Number:</b>	CM15-0070281		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 26 year old male, who sustained an industrial injury on 11/26/14. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbago; lumbosacral neuritis. Treatment to date has included acupuncture x6; chiropractic therapy x6; medications. Currently, the PR-2 notes dated 3/4/15 indicated the injured worker states since last visit; he continues to low back pain without radicular symptoms. It is described as throbbing, achy sensation and denies new weakness. He states he has not had any other therapy. The physical examination of the lumbosacral spine reveals a normal gait pattern and ability to heel/toe walk. There is tenderness to palpation over the lumbar paraspinal muscles and full lumbar spine range of motion is unrestricted. There was a negative straight leg raise with normal strength, reflexes and sensation of the lower extremities. The treatment plan includes continuation of Flexeril and Lidocaine ointment. This provider has requested Outpatient Physical Therapy, Lumbar, 3 times weekly for 2 weeks, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy, Lumbar, 3 times weekly for 2 weeks, 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**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.

**Decision rationale:** The claimant sustained a work injury in November 2014 and continues to be treated for non-radiating low back pain. Treatments have included acupuncture, chiropractic care, and medications. When seen, there was lumbar paraspinal muscle tenderness. The requesting provider documents that the claimant had not had prior physical therapy treatments. Guidelines recommend up to nine treatment sessions over an eight week period of time for this condition. In this case, the number of the requested sessions is within that recommendation and therefore is considered medically necessary.