

<b>Case Number:</b>	CM15-0073727		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 48 year old, male who sustained a work related injury on 3/12/14. The diagnoses have included low back pain, lumbar radiculopathy and lumbar herniated nucleus pulposus. The treatments have included physical therapy, chiropractic treatment and medication. In the PR-2 dated 3/25/15, the injured worker complains of increased low back pain. He complains of left leg weakness. He complains of occasional shooting, left foot pain. The treatment plan is an order for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times four lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than one year status post work-related injury and is being treated for low back pain. When seen, he was having increasing low back pain and reported left lower extremity weakness. He was participating in physical therapy with 12 sessions requested in December 2014. Physical examination findings included normal strength, sensation, and gait. The claimant is more than six months status post injury and, therefore, a chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant is participating in physical therapy. He has ongoing symptoms, reported as worsening despite the therapy already provided. There has been no improvement after a trial of therapy and therefore, additional physical therapy is not medically necessary.