

<b>Case Number:</b>	CM15-0076917		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 38-year-old, female who sustained a work related injury on 12/16/13. The diagnoses have included lumbar spine strain/sprain, lumbar degenerative disc disease, lumbar radiculopathy symptoms and thoracic spine strain/sprain. The treatments have included chiropractic treatments, medications, physical therapy, x-rays, and MRIs. In the PR-2 dated 2/24/15, the injured worker complains of intermittent thoracic spine pain. She rates this pain a 4/10. She complains of lumbar spine pain that is constant. She rates this pain a 4-5/10. She has pain radiating down left leg to foot. She has occasional weakness of left leg. The treatment plan is for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical Therapy 2x week x 3 weeks is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for the patient's low back condition. The documentation indicates she has had at least 12 visits of therapy. There is no evidence of significant functional improvement from prior sessions or reasons why she is unable to perform an independent home exercise program. The request does not specify a body part for the therapy. The request for physical therapy is not medically necessary.