

<b>Case Number:</b>	CM15-0078745		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 42 year old female who sustained an industrial injury on 8/27/09. The mechanism of injury is unclear. She currently complains of moderate to severe pain in the lumbar spine with intermittent paresthasias into the lower extremity. She has limited range of motion. Medication is Flexeril. Diagnoses include lumbar strain and radiculopathy; right hip chondromalacia in setting of previous hip arthroscopy. Treatments to date include home exercise regarding her right hip and lumbar spine. In the progress note dated 8/28/14 the treating provider requests physical therapy for eight visits as the injured worker continues to have pain and discomfort on the right side of her low back with radiation to the right lower extremity that she has had since the injury date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk x 4wks to the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Physical Therapy Guidelines.

**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 has a remote history of a work injury occurring in August 2009 and continues to be treated for low back pain with lower extremity paresthesias. Prior treatments had included physical therapy. When seen, she had decreased spinal range of motion. There was positive straight leg raising with paraspinal muscle tenderness. In this case, there is no new injury and the claimant is being treated under the chronic pain treatment guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of visits requested is in excess of that recommended and therefore not medically necessary.