

<b>Case Number:</b>	CM15-0079038		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/21/2015
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 (IW) is a 32 year old female who sustained an industrial injury on 09/14/2013. She reported low back pain and pain down her right leg. The injured worker was diagnosed as having Lumbar/thoracic strains. Treatment to date has included non-steroidal anti-inflammatories and muscle relaxants, physical therapy, diagnostic MRI, and transforaminal steroid injection (which gave relief for four months) and treatment with a pain management specialist. Currently, the injured worker complains of low back pain. Eight additional physical therapy sessions are requested for authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy QTY: 8.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy #8 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is this protrusion L4 - L5 greater than L3 - L4 with axial back pain. The documentation according to a December 11, 2014 is a cool therapy progress note states tolerance to strength/stability. The injured worker is discharged after reaching plateau. This progress note is dated January 10, 2015. The medical record shows the injured worker received 10 physical therapy sessions from October 2014 through January 2015. The most recent progress note in the medical record is dated April 13, 2015. Subjectively, the injured worker has pain in low back. Objectively, there are no clinical findings noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The documentation from the treating physician indicates additional physical therapy is for the lumbar spine. Consequently, absent clinical documentation with objective functional improvement from prior physical therapy and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy #8 is not medically necessary.