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| <b>Case Number:</b>   | CM15-0084423 |                              |            |
| <b>Date Assigned:</b> | 05/06/2015   | <b>Date of Injury:</b>       | 01/06/2010 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 04/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2015 |

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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(n) 53 year old male, who sustained an industrial injury on 1-6-10. The injured worker was diagnosed as having lumbar sprain. Subjective findings (3-19-15) indicated 4 out of 10 low back pain and right lower extremity weakness. The injured worker has completed eight sessions of physical therapy. Objective findings (3-19-15) revealed decreased sensation at L5-S1, lumbar flexion was 25 degrees, extension was 10 degrees and lateral bending was 10 degrees bilaterally. Treatment to date has included Norco, Cyclobenzaprine and Naproxen. The Utilization Review dated 4-2-15, non-certified the request for physical therapy 2x weekly for 4 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x a week for 4 weeks (8) for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation, the request is not medically necessary and the determination is for non-certification.