

<b>Case Number:</b>	CM15-0096126		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 is a 41 year old male who sustained an industrial injury on 03/17/2014. Current diagnoses include low back pain, lumbosacral pain, pain in joint, and knee sprain/strain. Previous treatments included medication management, acupuncture, right knee injection, and home exercises. Previous diagnostic studies include EMG/NCS dated 02/02/2015. Report dated 03/13/2015 noted that the injured worker presented with complaints that included low back pain with radiation and knee pain. Pain level was 4 out of 10 (back) on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included authorization for follow up appointment, and authorization for MRI of the lumbar spine. Report dated 02/16/2015 notes that the injured worker had undergone 11 visits of physical therapy for the knee without significant improvement. Disputed treatments include 6 physical therapy sessions for the lumbar spine 2 times per week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for the lumbar spine:** Upheld

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

**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, 6 physical therapy sessions lumbar spine 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; lumbosacral pain; pain in joints; and knee sprain/strain. The medical record contains 36 pages. The most recent progress of the medical record dated March 13, 2015 shows the injured worker has low back pain and knee pain with the VAS pain score of 4/10. The documentation does not contain any prior physical therapy. The progress note from March 13, 2015 does not contain a treatment plan with a clinical indication or rationale for physical therapy. Ordinarily, a six visit clinical trial would be clinically indicated. However, there is no clinical documentation with the clinical indication or rationale to support a six visit clinical trial. Consequently, absent clinical documentation with a clinical indication and rationale for a six visit clinical trial, 6 physical therapy sessions lumbar spine is not medically necessary.