

<b>Case Number:</b>	CM15-0096227		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/19/2015
<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: 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 59-year-old male who sustained an industrial injury on 07/10/2014. The injured worker was diagnosed with lumbosacral sprain, lumbago and left sacroiliac sprain. Treatment to date includes lumbar X-rays, conservative measures, physical therapy (completed 8 sessions) and medications. According to the primary treating physician's progress report on May 8, 2015, the injured worker continues to experience increased low back pain with activity and at the end of a work day. The injured worker rates his pain level at 4/10. Examination demonstrated normal gait, mild decreased range of motion in the lumbar spine with flexion due to pain, mild to moderate tenderness to palpation of the lumbosacral spine and paraspinal muscles with paralumbar muscle tightness. There was point tenderness of the sacroiliac joint and gluteal area reproducing pain in the left lower back. There was decreased motor strength at the hip/girdle otherwise within normal limits of the left lower extremity. Sensory and deep tendon reflexes were intact with a negative straight leg raise. Current medications are listed as Acetaminophen and Ibuprofen. The injured worker has returned to full work duties. Treatment plan consists of continuing with medications and the current request for additional physical therapy once a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 1x6 (lumbar): Upheld**

**Claims Administrator 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-TWC), Low Back, Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in July 2014 and is being treated for low back pain. When seen, he had completed a physical therapy treatment sessions. There had been improvement in activity tolerance. Physical examination findings included mildly decreased and painful range of motion with tenderness and tightness. There was left sided gluteal and sacroiliac joint tenderness. He had decreased left sided hip strength. Guidelines recommend up to 10 visits over 5 weeks for the treatment of the claimant's condition. In this case, the number of additional visits requested is in excess of that recommended or that would be needed to establish a home exercise program. The request is not medically necessary.