

<b>Case Number:</b>	CM17-0018279		
<b>Date Assigned:</b>	02/02/2017	<b>Date of Injury:</b>	10/14/2016
<b>Decision Date:</b>	02/27/2017	<b>UR Denial Date:</b>	01/26/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2017

### 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

Certification(s)/Specialty: Emergency 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:

According to medical records available for review, the injured worker is a 46 year old female, who sustained an industrial injury on 10-14-2016. The injured worker is currently not working but able to return to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for low back strain and mild lumbar degenerative disc disease. Treatment and diagnostics to date have included physical therapy and medications. Recently prescribed medications have included Flexeril, Ibuprofen, and Norco. Subjective data (10-17-2016 and 01-17-2017) included low back pain. Objective findings (01-17-2017) included an antalgic gait and tenderness to palpation to the back with decreased range of motion. The request for authorization dated 01-19-2017 requested physical therapy for the low back 2x6. The Utilization Review report, with a decision date of 01-26-2017, denied the request for additional low back physical therapy 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Physical Medicine and Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**Decision rationale:** As per MTUS Chronic pain guidelines 2016, physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already been approved for 6 prior sessions with no documented objective improvement in pain or functional status. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. This request for 12 additional PT sessions by itself will exceed MTUS Chronic pain guideline recommended maximum number of PT sessions. Due to lack of documented objective benefit and excessive number of requested PT sessions, additional Physical Therapy is not medically necessary.