

<b>Case Number:</b>	CM13-0000711		
<b>Date Assigned:</b>	08/29/2013	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	05/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in pain medicine and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 22-year-old male administrative assistant who sustained an industrial injury on February 7, 2013. The patient was lifting heavy boxes at a storage facility and felt immediate pain in his lower back. The diagnoses include chronic low and mid back pain. Lumbar MRI performed on date of service 7/23/2013 indicates that the patient has straightening of lumbar lordosis suggestive of spasm and 1 to 2 mm posterior HNP at the L4 - 5 and L5 - S1 levels. The patient also had comorbidities of depression, anxiety, abdominal pain, stress, and difficulty sleeping. The patient has undergone 6 sessions of physical therapy thus far. A medical record review from a primary treatment treating physicians report on date of service 8/26/2013 indicates that the patient initially went through three sessions of physical therapy over the course of a week (as documented on a note dated 3/4/13) and was placed on modified work with no lifting over 10 pounds. The patient then underwent a second week of physical therapy for three visits (as documented on a note dated 3/12/13) and his work status was upgraded to regular duty. The patient is noted to be working regular duty with self-limited of heavy lifting as of a progress note with date of service April 9, 2013. The physical examination from a recent progress note dated 5/9/2013 indicates that the patient has tenderness in the thoracic paraspinals with painful range of motion. In the lumbar spine there is tenderness in the paraspinal muscles and painful range of motion as well. The assessment specifies that six sessions of physical therapy have been done in the mid and low back. The treatment plan includes a request for additional active physical therapy as well as a home exercise kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise Kit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 99.

**Decision rationale:** Regarding the the request for a home exercise kit, there is no specific provision for this in the California Medical Treatment and Utilization Schedule. On page 99 of the Chronic Pain Medical Treatment Guidelines, there is specification for HEP as follows: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006)" In the case of this injured worker, there is no specification document of rationale as to why there is a need for a home exercise kit. Typically, instruction in home exercises do not require specialized equipment, and if there is a need for that then there should be documentation as to what devices are necessary in a home exercise kit. Given the guidelines, this request is recommended for non-certification.

**Additional physical therapy sessions 2-3 x 3 for lumbar and thoracic spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 99.

**Decision rationale:** By statute, the independent medical review process prioritizes the guidelines offered in the California Medical Treatment Utilization Schedule as a first priority, followed then by other national guidelines. With regard to physical therapy, the CA MTUS specifies the following: "Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to Final Determination Letter for IMR Case Number CM13-0000711 4 maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing

swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) 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 Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks" Furthermore, ACOEM guidelines do specify duration of physical therapy, but rather recommended initial physical therapy of 1-2 visits for instruction in self-care and home exercises. In the case of this injured worker, the duration of physical therapy is not adequate