

<b>Case Number:</b>	CM13-0003365		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/13/1997
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old who reported an injury on November 13, 1997. The mechanism of injury was not provided. On May 20, 2014, the injured worker presented with numbness and tightness throughout the lumbar region and bilateral hips and groin. Prior therapy included a fusion, aquatic therapy, spinal cord stimulation, epidural steroid injection, a CPAP (continuous positive air pressure) machine, and medications. Upon examination of the lumbar spine, there was limited range of motion and tenderness to palpation over the bilateral lumbar paraspinal musculature. There was noted reduced sensation over the bilateral L4 and L5 dermatomes. The diagnoses were postlaminectomy syndrome of the lumbar spine, degeneration of the lumbar disc, displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbar radiculitis, radiculopathy, sacroilitis, and myositis. The provider recommended physical therapy and Med-X machines; the provider's rationale was not provided. The request for authorization was not provided in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY AND MED-X MACHINES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar extension exercise equipment.

**Decision rationale:** The request for physical therapy and Med-X machines is non-certified. The Chronic Pain Medical Treatment Guidelines states 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. Injured workers are instructed and expected to continue activities at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines further state, lumbar extension exercise equipment is a recommended as an option to addresses low back pain by developing spinal muscle strength through a stabilization system that isolates specific muscle groups. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines allow for up to ten visits of physical therapy. The amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home. Additionally, the provider's request does not indicate the frequency or amount of physical therapy visits being requested and the site that physical therapy was intended for. The provider's request does not indicate whether the Med-X machine was to be rented or purchased. As such, the request for physical therapy and Med-X machines is not medically necessary or appropriate.