

<b>Case Number:</b>	CM13-0005035		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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: Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 45-year-old employee with date of injury of 1/19/2012. Medical records indicate the patient is undergoing treatment for low back pain, lumbar spondylosis and degenerative disk disease (DDD) and lumbar radiculopathy. He is status- post Right L5-S1 facet joint cortisone injection and right L5-S1 transforminal epidural steroid injection. Subjective complaints include severe right sided hip pain that prevents him from walking prolonged distances, standing, lying down, or sleeping well. His low back pain is rated 7/10. Objective findings include back pain that is provoked with palpation over the right sacroiliac area and a positive FABER's test. Lumbar Spine: gait mildly antalgic on the right side. An MRI dated 3/15/2012 shows degenerative disc at L5-S1 with a broad-based disc bulge and osteophytes causing mild lateral recess stenosis but no obvious nerve impingement. There are endplate modic changes with facet arthropathy. X-ray of the lumbar spine shows flexion versus extension shows market changes in focal angulation at the L5-S1 level along with retrolisthesis. On lumbar extension, the focal angle between the L5-S1 levels measuring the endplates results in a 17 degree change out angulation. Treatment has consisted of medical marijuana, Vicodin, physical therapy, chiropractic 10 sessions, 10-12 acupuncture treatments, home exercise and S1 facet joint cortisone injection, and a right L5-S1 transforminal epidural steroid injection. The utilization review determination was rendered on 7/16/2013 recommending non-certification of physical therapy 6 additional visits (1 time a week times 6 weeks) to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 6 ADDITIONAL VISITS (1 TIME A WEEK TIMES 6 WEEKS) TO THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The patient has had at least 10 physical therapy visits for the lumbar spine and participated in a home exercise program without documented objective and subjective improvements. In addition, the treating physician notes mild improvement of symptoms with a strengthening program, but the treating physician does not detail functional improvement and a decrease in pain from physical therapy. As such, physical therapy 6 additional visits (1 time a week times 6 weeks) to the lumbar spine is not medically necessary at this time.