

<b>Case Number:</b>	CM13-0030129		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 32-year-old male who reported an injury on 06/03/2013. The injury reportedly occurred when the injured worker was bending over to pick up the bag that had fallen out of his locker; upon doing so, he felt a sharp pain in the low back which radiated into the right groin. The injured worker's diagnoses included musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, and disc bulges to levels L1-2, L2-3, L3-4, L4-5, and L5-S1. The injured worker's past treatments included medications, physical therapy, and chiropractic therapy. The injured worker's diagnostic testing included an MRI of the lumbar spine dated 07/05/2013, and was noted to show that there were 4 mm disc bulges with foraminal narrowing and facet hypertrophy at levels L3-4 and L4-5. At L2-3, there was a 4 to 5 mm disc bulge with foraminal narrowing and facet hypertrophy. At L5-S1, there was a 3 mm disc bulge with facet hypertrophy. At L1-2, there was a 2 mm disc bulge noted as well. There were no relevant surgeries noted in the clinical documentation. On 09/03/2013, the injured worker complained of constant low back pain that had increased, and he rated the pain 6-10/10 before taking the medication. The pain level went down to 5/10 after taking the medication. He reported numbness and tingling going down the right leg and stiffness of the lower back. He reported he only had 1 session of therapy. Upon physical examination, he was noted to have diminished sensation to the posterior right thigh. He was also noted with a positive straight leg raise to the right side. The injured worker's medications were listed as Naproxen, omeprazole, and tramadol. The treatment plan was to continue Naproxen sodium, omeprazole, and tramadol, which was previously prescribed, and therapy 2 times per week for 8 sessions to include use of an inversion table. The injured worker had completed 6 out of 8 authorized physical therapy sessions as of 09/16/2013. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 09/16/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 8, including inversion table:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Physical therapy guidelines (lumbar)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300., Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99..

**Decision rationale:** The request for physical therapy two times eight to include the use of inversion table is not medically necessary. The California MTUS guidelines recommend physical therapy 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. 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. Treatment is recommended for up to 10 visits over 4 weeks. The California MTUS/ACOEM Guidelines state traction has not been proved effective for lasting relief in treating low back pain. Although the injured worker reported only having 1 session of therapy, the clinical documentation submitted with dated service on 09/16/2013 noted 6 out of 8 sessions had been completed. The physical therapy note reported functional deficit findings rated mild to moderate at the sixth session. The documentation did not provide evidence of significant objective functional gains or decrease in pain level due to the completed sessions of physical therapy. In the absence of documentation with evidence of an increased functional improvement, or a decrease in pain level allowing activities of daily living to be completed independently due to the progression in physical therapy, the request is not supported at this time. Additionally, traction has not been proved effective for lasting relief in treating low back pain. Furthermore, the request for 16 additional sessions exceeds the guideline recommendations and does not specify the site of treatment. Therefore, the request is not medically necessary.