

<b>Case Number:</b>	CM13-0046388		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/12/1994
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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. 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 patient is a 51-year-old male who was injured on April 12, 1994. The patient continues to experience low back pain and stiffness. Diagnoses included status post lumbar fusion and chronic low back pain. Treatment included surgical intervention, medications, home exercise, and physical therapy. MRI of the lumbar spine done on August 28, 2007 showed extensive ferromagnetic artifact obscuring the detail at L4 and L5, but no suggestion of stenosis and no focal protrusion at L1-2, L2-3, or L5-S1, Requests for physical therapy # 12 was received October 11, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, QTY: 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities

such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). In this case the patient was not in the early phase of treatment and been in treatment for several months. He had received two courses of physical therapy in October 2012 and December 2012 with no objective evidence of functional improvement. In addition there is no documentation of a "six-visit clinical trial" to assess effectiveness of the treatments. Authorization for treatments is not recommended.