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| <b>Case Number:</b>   | CM13-0050809 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 11/01/2007 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 11/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2013 |

### 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 Occupational Medicine, and is licensed to practice in Hawaii. 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 patient is a 62-year-old with a date of injury of November 1, 2007. The physical examination noted tenderness to palpation and some muscle spasm being present. The most current progress note presented for review is dated October, 2013. It was indicated the clinical condition had worsened. It is also reported that the medication, Ultracet, did not successfully address the pain complaints. Treatment to date has included physical therapy (unknown number of sessions), rhizotomy, epidural steroid injections, acupuncture (six sessions), and an interferential unit which noted no efficacy. A utilization review dated November 5, 2013 non-certified the request for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, Chronic Pain Treatment Guidelines Physical Therapy and Physical Medicine Sections Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) Chapter, and the Physical Therapy Chapter.

**Decision rationale:** Low Back Complaints Chapter of the ACOEM Practice Guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine." Additionally, the Low Back Complaints Chapter of the ACOEM Practice Guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and nine visits over 8 weeks for unspecified backache/lumbago. The 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. Medical documents that physical therapy has been tried before, but the quantity of sessions were not documented. Additionally, the results of the initial trial of physical therapy or manual therapy sessions is essential to determine if extension of physical therapy is medically necessary, according to the ACOEM Practice Guidelines, the Chronic Pain Medical Treatment Guidelines, and the ODG guidelines. The medical records provided do not sufficiently document a new injury or re-injury that would allow for another 'trial' of physical therapy. The request for physical therapy for the lumbar spine is not medically necessary or appropriate.