

<b>Case Number:</b>	CM13-0058036		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 10/10/11. A utilization review determination dated 11/20/13 recommends non-certification of physical therapy x 6 sessions and traction therapy x 2 for the low back. The 11/13/13 progress report identifies that the patient is s/p lumbar decompression 6/11/13. She complains of pain 3-4/10, decreased to 1-2/10 after traction. No longer complains of radiculopathy. The objective findings are noted to be flexion "45/60+" and extension "20/30+." Milgram's is positive. Additional findings are illegible. The treatment plan includes acupuncture, 6 formal physical therapy sessions for stretching/strengthening, and traction therapy. The 9/30/13 progress report notes that the patient stopped traction therapy due to discomfort. The 9/13/13 progress report from the surgeon notes 70 degrees of flexion and 10 degrees of extension with lateral flexion of 15 degrees. The surgeon also notes that he emphasized the importance of hamstring stretching and abdominal strengthening exercise and he believes that she can carry out these activities on her own, probably with less potential for side effects and complications than with a formal physical therapy program or physical therapist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six physical therapy sessions and two traction therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Regarding the request for physical therapy x 6 sessions and traction therapy x 2 for low back, California MTUS does support the use of postoperative physical therapy, although they note that traction has not been proved effective for lasting relief in treating low back pain. Within the documentation available for review, there is documentation of lumbar decompression approximately 5 months prior to the current request. The surgeon has documented the importance of hamstring stretching and abdominal strengthening exercise and he noted that he believes that she can carry out these activities on her own, probably with less potential for side effects and complications than with a formal physical therapy program or physical therapist. There is also documentation that the patient tried traction prior to the current request and discontinued it due to pain. It is noted that the request was made while the patient was still within the postoperative treatment period for the surgery per the California MTUS Postsurgical guidelines and there is no clear rationale for physical therapy in the presence of only mild ROM deficits rather than the active participation in home exercise that the treating surgeon has recommended. There is also no clear rationale for traction given that the California MTUS notes that it has not been found effective for lasting low back pain relief, there is no documentation that prior use has provided any long-term relief, and the records are conflicting regarding whether or not the patient has obtained any pain relief from prior use. In light of the above issues, the currently requested physical therapy x 6 sessions and traction therapy x 2 for low back is not medically necessary.