

<b>Case Number:</b>	CM14-0005820		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 is a 43 year old female who sustained an injury to her lower back as result of unloading the delivery truck at work as a [REDACTED] general laborer on 9/25/12. Since then she's experienced lower back pain that is constant, bilateral (right greater than left) that radiates to her right ankle. On physical exam, noted decreased lumbar range of motion in all planes. MRI of the lumbar spine demonstrates Spondylotic changes, 2mm disc buldge at L2-3, L3-4 mild to moderate right and moderate to severe left neural foraminal narrowing, mild to moderate canal stenosis and bilateral nerve root compromise secondary to 4-mm posterior disc bulge and L4-5 moderate to severe bilateral neural foraminal narrowing, moderate canal stenosis and bilateral exiting nerve root compromise secondary to 6mm posterior disc bulge with focal disc extrusion traveling 3mm in the caudal direction and facet hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO THE LUMBAR SPINE #12:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENT Page(s): 98-99.

**Decision rationale:** In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Following review of the patient's record, I think a trial of PT is more than warranted and is medically necessary.