

<b>Case Number:</b>	CM14-0102641		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Occupational Medicine, and is licensed to practice in Illinois. 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 injured worker is a 61 year old male who was injured on February 20, 2009. He had low back surgery in 2010. He reported 7/10 back pain with 9-10/10 lower extremity radiation pain, back stiffness, symptoms of radiculitis and showed extremely limited lumbar range of motion. He was treated with muscle relaxants, anti-inflammatories, and topical medications. The injured worker has a history of an undocumented number of physical therapy sessions and acupuncture before surgery with no improvement. A urine toxic screen on April 21, 2014 was negative. According to an office note on June 12, 2014, after a laminotomy, fasciectomy, microdiscectomy, and injection, the worker then underwent an undocumented number of physical therapy sessions again with improvement. The worker has been given a 21% whole person impairment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions physical therapy for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** Per the Medical Treatment Utilization Guidelines and the Official Disability Guidelines, physical therapy is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. 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). Workers 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. The Official Disability Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. For myalgia and myositis, 9-10 visits over 8 weeks are recommended; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. The injured worker completed an undocumented number of sessions of physical therapy prior to surgery with no improvement. He then had surgery. He also completed an undocumented number of sessions of physical therapy prior to surgery with improvement. However, there is no documentation of the number of sessions he has had and the details of his functional improvement. Therefore, the requested 6 sessions physical therapy for low back is not considered medically necessary.