

<b>Case Number:</b>	CM14-0108791		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/07/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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:

The patient is a 63-year-old female who sustained a work related injury on 12/7/2008 as a result of a slip and fall. The patient has had complaint of lower back pain ever since with concomitant complaint of pain that radiates to her lower extremities with associated paresthesia and numbness. Physical examination identifies spasms, tenderness and guarding of the paravertebral musculature with loss of range of motion. Lumbar MRI dated 5/17/2014 identifies severe bilateral facet arthropathy/ hypertrophy at L4-5 with a 3mm anterolisthesis of L4 on L5. In dispute is a decision for twelve sessions of physiotherapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physiotherapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Physical Medicine (Therapy) 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. The patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Per the Official Disability Guidelines, patients with intervertebral disc disorders and without myelopathy are authorized 10 visits over 8 weeks. Unfortunately, the request, as written, exceeds the authorized number of visits.