

<b>Case Number:</b>	CM14-0014969		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 35-year-old female who reported an injury on 09/03/2013. The mechanism of injury was reported to be a slip and almost fall. Per the clinical note dated 10/17/2013, the injured worker was reported to have paraspinal musculature tenderness to palpation; tenderness to palpation of the lumbar spinous processes; tenderness to palpation of the bilateral sacroiliac joints; as well as on the lumbar spine. All sensory touch was intact. Reflexes and strength were also intact bilaterally on upper and lower extremities. Per the clinical note dated 02/14/2014, the injured worker reported 9/10 low back pain with numbness and tingling. For the lumbar spine, she had guarding and muscle spasms present with painful range of motion, and tenderness to palpation at the bilateral paraspinal musculature. The diagnoses reported for this injured worker included cervicalgia, lumbago, pain in joint of the hand, and pain in the joint of the shoulder. The Request for Authorization for Medical Treatment was not included in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2-3 TIMES WEEKLY TO LUMBAR SPINE QUANTITY: 18:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK, 300

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Per CA MTUS guidelines, 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. 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 guidelines state for myalgia and myositis 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks. The guidelines further state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There was a lack of documentation that the injured worker had indeed attended any physical therapy to this point for the lumbar spine. There is a lack of clinical findings to indicate any conservative treatments or the efficacy of any medications. The guidelines recommend 8-10 visits over 4-8 weeks with fading of treatments from 3 visits to 1 visit, thereby making the request for 18 visits outside the guidelines. Therefore, the request for physical therapy 2-3 times per week to lumbar spine with a total of 18 visits is not medically necessary.