

<b>Case Number:</b>	CM14-0127754		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/29/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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, has a subspecialty in Pain Medicine 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 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 51-year-old female who reported an injury on 12/29/2008. The mechanism of injury was noted to be lifting a maximum mattress box resulting in a strain. The injured worker's prior treatments were noted to be physical therapy and medications. She had diagnostic imaging tests. The diagnoses was noted to be chronic pain. In a clinical evaluation dated 07/26/2014 it is noted that the injured worker had subjective complaints of low back pain. She indicated it was severe and made worse by prolonged sitting and bending then it radiated down the left leg to the heel causing a limping gait. Objectively she had spasms and tenderness of the low back with pain producing reduced range of motion and positive Kemp's test bilaterally. She had positive straight leg raises that were ill-defined and a positive Waddell's. She had decreased Achilles reflexes, she was prescribed physical therapy and a lumbar support. The rationale for the request was noted within the suggested and recommended treatment of the review. A Request for Authorization Form was not provided within the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical therapy (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate physical medicine for early phases of pain treatment that are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. Patients 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 Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Plus active self-directed home physical medicine. The guidelines allow 8 to 10 visits over 4 weeks. According to the clinical evaluation submitted for review, it is not noted objectively that the injured worker has painful and restricted range of motion or decreased muscle strength. It is not objectively noted that she has significant functional deficits. In addition, the request for 12 sessions is in excess of the recommendations of the guidelines 8 to 10 visits over 4 weeks. The injured worker has had a history with physical therapy and the guidelines recommend fading of treatment frequency in an active self-directed home physical medicine program. Therefore, the request for 12 sessions of physical therapy (3 x 4) is not medically necessary.