

<b>Case Number:</b>	CM14-0131553		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2014

### 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 50-year-old male who sustained a work related injury on 04/26/2012 as result of excessively lifting products. Plain lumbar radiograph dated 06/02/2014 identifies a mild dextroscoliosis within the lumbar spine, mild disc narrowing at L1-2 and L3-4 and mild facet DJD is demonstrated from L4 - S1. A follow up lumbar MRI dated 06/02/2014 identifies a minimal retrolisthesis at L4-5, small anterior disc osteophyte complexes from T12 to L5, disc dessication from L1 to L4 and at L5-S1 and a small schmorl's node along the T11 endplate. In dispute is a decision for Physical therapy 2x week x 4 weeks for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x week x 4 weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Physical Medicine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 11-12, 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. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Aside from documenting that progress reports are dictated, the only available evidence is from the patient imaging studies. There is no supporting evidence of objective complaints or objective findings to support the requested treatment. Therefore the request is not medically necessary.