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| <b>Case Number:</b>   | CM14-0033677 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 12/13/2012 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2014 |

### 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 Physical Medicine and Rehabilitation, 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 68-year-old who reported an injury on December 13, 2012. The injured worker is complaining of low back pain, rating the pain at 6/10. In the examination dated January 7, 2014, there was tenderness to palpation, guarding, and spasms noted in the paravertebral region bilaterally. There were trigger points noticeable in the lumbar paraspinal muscle bilaterally. Manual muscle testing revealed 4/5 strength with flexion, extension, and bilateral lateral bending. Range of motion was restricted due to pain. Range of motion for the lumbar spine was flexion at 50/60 degrees, extension was 15/25 degrees, right and left lateral bending measured 15/15 degrees, normal is 25 degrees. The injured worker's diagnoses are lumbar spine disc protrusion, left ankle fracture, and 2 months status post left ankle stabilization surgery. The injured worker's past treatments diagnostic was an x-ray of the left ankle. 2 views were performed on May 20, 2013 demonstrating healing fracture of the lateral malleus with callus formation. Fracture line is stabilized. The injured worker also received an MRI of the left ankle performed on May 20, 2013, which revealed lumbar distal fibular fracture and chronic moderate grade anterior inferior tibiofibular ligament sprain. Treatment plan was for twelve physical therapy visits for the lumbar spine. The injured worker also has received an MRI of the lumbar spine with and without contrast performed on May 20, 2013. Revealed was mild levoscoliosis of the lumbar spine with tip at L1 and L2. At L4 and L5 mild left neural foraminal narrowing and central annular tear. At L5-S1, mild bilateral neural lumbar foraminal narrowing grade 1 anterolisthesis, left paracentral disc protrusion with annular tear, contact the exit left L4 and descending left L5 nerve root. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits For Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Low Back.

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

**Decision rationale:** The request for twelve physical therapy visits for lumbar spine is non-certified. The California Medical Treatment Utilization Schedule Chronic Pain Guidelines Physical Medicine state physical medicine is recommended after therapies required 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 instructions. 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. Injured worker is complaining of low back pain, but there is no subjective or objective documentation to show functional deficit. The guidelines also states that physical medicine guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical medicine. Myalgia and myositis, unspecified gets nine to ten visits over an eight week period. Neuralgia, neuritis, and radiculitis, unspecified gets eight to ten visits over four weeks. The injured worker had complaints of lower back pain to the lumbar level. There was a lack of physical examination findings to support any functional deficit for the lumbar spine. The request for Twelve physical therapy visits for lumbar spine is not medically necessary or appropriate.