

<b>Case Number:</b>	CM14-0035155		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Illinois. 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 59-year-old male who reported an injury on 4/16/13. The injured worker complained of low back pain extending to the left buttock. According to the injured worker, he has been continuing physical therapy with symptom relief. The patient continues to complain of back discomfort and shooting pains to the right leg and it had become a more constant and sharp pain. The injured worker complains that the pain is exacerbated when he is lying down in bed at night. On physical examination dated 5/12/14, there was no objective documentation that was submitted for review. The injured worker's diagnosis was lower back pain. The injured worker's medication was not documented or submitted with documentation on the physical examination dated 5/12/14. An MRI of the cervical spine taken on 11/8/13 revealed a multilevel mild cervical disc degenerative disease consistent with his age. Also, an MRI dated 11/8/13 was done of the lumbar spine revealing mild multilevel lumbar degenerative disc disease. The injured worker also had 24 physical therapy treatment sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT #3 2x4 for low back QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, Passive Therapy.

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

**Decision rationale:** According to the California MTUS, physical medicine is an active therapy that 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 a medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapy 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. According to the documentation that was submitted, the injured worker has had a total of 24 physical therapy sessions with improvement of functional deficit from 85% to 90%. The physical medicine guidelines allow for fading of treatment frequencies from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, 9 to 10 visits over an 8 week period are recommended. For neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are recommended, and reflex sympathetic dystrophy allows for 24 visits over 16 weeks. The injured worker has improved on the functional deficits, and has already completed a course of 24 treatments of physical therapy. As such, the request is not medically necessary.