

<b>Case Number:</b>	CM14-0038994		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 44-year-old male who reported immediate pain after bending over to pick up a heavy object on 12/02/2010. The note of 03/04/2014 reports the injured worker continues to complain of chronic low back pain but has less numbness and tingling down his left leg. He further reported that squatting, lifting, pushing, pulling, bending, sleeping, and prolonged activities increased his pain. Medications, ice/heat and rest decreased his pain. His lumbar active range of motion values were flexion 70 degrees, extension 15 degrees, right side bending 25 degrees, left side bending 25 degrees, right rotation 70 degrees, and left rotation 75 degrees. His diagnoses included lumbar signs and symptoms of radiculitis and disc bulges. It was noted in the report that this worker had had an MRI and x-rays but no dates or results were included in the record. He was noted to have participated in 24 sessions of physical therapy between 12/09/2013 and 03/31/2014. On 02/18/2014, his diagnoses included musculoligamentous sprain of the lumbar spine with left lower extremity radiculitis, disc bulges at L1-2 (2-3 mm), L2-3 (2-3 mm), L3-4 (3 mm), L4-5 (4 mm), and L5-S1 (5-6 mm; contacting left S1 nerve root), and left L5 radiculopathy. The treatment plan at that time was an exercise program 2 times a week for 8 sessions with the objective of treatment being "to decrease pain and increase range of motion and strength". The rationale stated "the patient is to attend therapy for relief from the effects of the injury of 12/02/2010." A request for authorization dated 03/04/2014 was found in the submitted paperwork but did not specifically mention physical therapy and just requested " 2 x 8".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 8 lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines (lumbar).

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

**Decision rationale:** Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. 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 recommended schedule for Neuralgia, neuritis, and radiculitis, unspecified allows for 8-10 visits over 4 weeks. This worker has already completed 24 sessions of physical therapy which exceeds the recommended allowable 8 to 10 visits over a 4 week span. Additionally, there is a discrepancy between the request of physical therapy 2 x 8 which would indicate 2 sessions a week for 8 weeks and the treatment plan of 02/18/2014 wherein the frequency of treatment is recommended at 2 times a week for 8 sessions. Therefore, this request for Physical Therapy 2 X 8 Lumbar Spine is not medically necessary.