

<b>Case Number:</b>	CM14-0055839		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 41-year old female who sustained a work related injury on Jan 13, 2014 as a result of repetitive work that caused a gradual onset of pain the progressively worsened. Since her injury, she has had continuous low back pain that radiated down both lower extremities; worse on the right that includes numbness, weakness, cramps and a burning sensation. Additionally, she complains of bilateral foot and heel pain radiating from both lower extremities. Also, she complains of constant neck pain with intermittent headaches with her neck pain radiating into her upper extremities, right worse than left. Last, she complains of bilateral hand and wrist pain. On physical examination she has tenderness of the paravertebral muscles in the cervical spine, the trapezius and the bilateral C2-3 and C5-6 facets. In the lumbar region, she has tenderness to palpation from L3-S1 without paravertebral muscle tenderness. Bilateral lumbar facet tenderness noted from L4-S1. Examination of her lower extremities demonstrates joint line tenderness and painful patellar tracking bilaterally, tenderness upon palpation at the heel and Achilles tendon region with painful ankle range of motion. She has an area of decreased sensation along the L5 dermatome bilaterally and along the C5-6 dermatomes bilaterally. Her upper extremity exam identifies bilateral positive Phalen's and Tinel's signs. Her treatment regimen thus far has been Tylenol, Naprosyn, Tramadol and physical therapy for her cervical region. In dispute is a decision for twelve (12) initial physical therapy sessions for the lumbar spine, two (2) times a week for six (6) weeks as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) initial Physical Therapy sessions for the lumbar spine, two (2) times a week for six (6) weeks as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

**Decision rationale:** Physical Medicine (Therapy) 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. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. According to the ODG guidelines for physical therapy of the lumbar region, a patient with radicular / sciatica is authorized 10-12 visits over 8 weeks. Since this is the initial request for the addition of Physical Therapy to the patient treatment regimen, it is both standard of care and reasonable to include to her treatment to improve her functionality and decrease her pain. The request for Physical Therapy is medically necessary.