

<b>Case Number:</b>	CM14-0056234		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/11/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/18/2014
<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 Physical Medicine & 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 37-year-old male who reported an injury on 11/11/2012. The mechanism of injury was noted to be cumulative trauma. Prior treatments included physical therapy and medications. The injured worker's diagnoses included spondylitis, unspecified asthma, unspecified hypothyroidism, allergic rhinitis and toxic diffuse goiter without mention of thyrotoxic crisis or storm. The injured worker had a physical examination on 10/16/2013. The injured worker's complaint was low back pain. He complained of increased pain with prolonged sitting, standing, walking, lifting, bending and lying down. The physical examination included lumbar spine strength at a 5/5 bilaterally with the lower extremities. The patient's sensation was intact and equal. There was no clonus or increased tone. Deep tendon reflexes were +2 and symmetric. Babinski's sign was negative. The sciatic notches were pain-free to palpation. The sacroiliac joint was tender on the left. There was tenderness over the paraspinals. There was increased pain with flexion and extension. Straight leg raise was positive on the left. The treatment plan included opioids for chronic intractable pain. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and 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 a medical provider, such as verbal, visual and/or tactile instruction. Patients are instructed in and expected to continue with 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. The physical medicine guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active, self-directed home physical medicine. The guidelines provide for 8 to 10 visits over 4 weeks. The documents provided for review indicate the injured worker has had at least 12 visits of physical therapy. The documentation provided for review does not indicate the efficacy of the 12 physical therapy sessions. The injured worker's physical evaluation does not indicate functional deficits. The evaluation fails to provide range of motion values. The provider's request fails to indicate a number of visits. Therefore, the request for physical therapy for the low back is not medically necessary.