

<b>Case Number:</b>	CM14-0085427		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 39-year-old male whose date of injury was 7-30-2009 whereby he sustained injuries to the neck and back. The neck and back injuries were treated conservatively initially with medication and epidural steroid injections. The injured worker underwent a multilevel fusion of the back on July 18, 2013. A course of postoperative physical therapy was prescribed. The number of treatments received cannot be ascertained but is presumed to be at least eight based on the context of the treating physician notes. The records available are a bit limited in that the last date of entry was from May 30, 2014. Also included are three distinct physical therapy notes that appear to have been inserted in numerous places in the chart. The injured worker's physical exam reveals tenderness to palpation and diminished range of motion in the cervical and lumbar spines. He has evidence of diminished sensation to the bilateral C5-C6 and left-sided L5-S1 nerve root distributions. This exam is preceding surgery. While the injured worker reports improved back pain and resolved radicular symptoms following surgery, the treating physician continued to document that the patient was determined to have chronic myofascial pain in the cervical and posterior thoracic/lumbar musculature that medical treatment including physical therapy has failed to control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post -op physical therapy lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Section Physical Therapy Guidelines.

**Decision rationale:** There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. Studies also suggest benefit from early use of aggressive physical therapy ("sports medicine model"), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support. The Official Disability Guidelines provide for 34 visits of physical therapy over a 16 week period following back fusion surgery. It appears that the injured worker has had between eight and 12 total visits and therefore is eligible to complete his postoperative physical therapy. Postoperative physical therapy of the lumbar spine is therefore medically necessary within the 34 total visit parameters described above.