

<b>Case Number:</b>	CM14-0180754		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	10/26/2005
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 47-year-old female who was injured on October 26, 2005. The patient continued to experience pain in her lower back. Patient is able to walk over a mile and one-half before she feels pain in her extremities. Physical examination was notable for minimal tenderness at L5, normal strength in the lower extremities, intact sensation, and negative straight leg raise. Diagnoses included lumbar radiculopathy, lumbar herniated disc disease, and lumbar degenerative disc disease. Treatment included physical therapy, epidural steroid injections, and medications. Request for authorization for physical therapy lumbar spine twice weekly for 6 weeks was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, lumbar spine twice per week for six weeks:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has had at least 13 physical therapy visits with benefit. The requested number of visits is 12, which would bring the total number of physical therapy visits to 25. This surpasses the maximum recommended number of 10 visits. In addition the patient has returned to work without restrictions and is able to walk a distance greater than one mile without symptoms. There is no indication for physical therapy. The request is not medically necessary.