

<b>Case Number:</b>	CM14-0188072		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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, has a subspecialty in Pain Medicine 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 55-year-old female who reported an injury due to a twisting motion on 01/07/2013. On 10/17/2014, her diagnoses included L4-5 stenosis, and L3-S1 facet arthropathy. Her complaints included increasing low back pain radiating to her flanks, rated 8/10 without medication and 3/10 with medication. Her pain was exacerbated with increased activity. Her medications included Ultram 50 mg, Anaprox 550 mg, Zanaflex 4 mg and Protonix 20 mg. Upon palpation there was tenderness of the paravertebral muscles in the lumbosacral junction and palpable paraspinous muscle spasm. The lumbar ranges of motion were all within normal limits. It was noted that she had been able to continue working full duty without restriction and had not requested an escalation of her medications. She had been continuing a home exercise program. There was a recommendation for a short course of physiotherapy to help her return to her baseline pain and continue working without any further exacerbations. Apart from the physiotherapy, there was no documentation regarding the other 4 requests. There was no Request for Authorization form included in this workers chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy, 2 times weekly for 3 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The request for physiotherapy, 2 times weekly for 3 weeks, lumbar spine is not medically necessary. The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. There was no documentation regarding the results of previous physical therapy. There was no evidence of failed trials of antidepressants or anticonvulsant medication. There was no documentation regarding failed trials of acupuncture or chiropractic treatments. There was no attempt at activity modification in her workplace. Although she did not request any changes in her medication, there was no evidence of alternative pharmacotherapy. The need for additional physical therapy was not clearly demonstrated in the submitted documentation. Therefore, this request for physiotherapy, 2 times weekly for 3 weeks, lumbar spine is not medically necessary.

**Ultrasound, 2 times weekly, lumbar spine QTY: 6: 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 Ultrasound, Therapeutic Page(s): 123.

**Decision rationale:** The request for ultrasound, 2 times weekly, lumbar spine QTY: 6 are not medically necessary. The California MTUS Guidelines do not recommend ultrasound. Therapeutic ultrasound is 1 of the most widely and frequently used electro-physical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The guidelines do not support this request. Therefore, the request for ultrasound, 2 times weekly, lumbar spine QTY: 6 are not medically necessary.

**Therapeutic exercises, 2 times weekly, lumbar spine QTY: 6: Upheld**

**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); Low Back, Lumbar & Thoracic, Exercise.

**Decision rationale:** The request for therapeutic exercises, 2 times weekly, lumbar spine QTY: 6 are not medically necessary. The Official Disability Guidelines recommends exercise for

treatment and prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In subacute back pain, exercises with a graded activity program and in chronic back pain, intensive exercising, should be recommended. It appears that the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. 1 of the problems with exercise however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. While the home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym membership or advanced home exercise equipment may not be covered under the guidelines. The need was not clearly demonstrated for a formal therapeutic exercise program. Therefore, this request for therapeutic exercises, 2 times weekly, lumbar spine QTY: 6 are not medically necessary.

**Massage, 2 times weekly, lumbar spine QTY: 6: 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 Massage Therapy Page(s): 60.

**Decision rationale:** The request for massage, 2 times weekly, lumbar spine QTY: 6 are not medically necessary. The California MTUS Guidelines recommends massage therapy as an option. This treatment should be an adjunct to other recommended treatments including exercise, and it should be limited to 4 to 6 visits. Lack of long term benefits could be due to the short treatment period or that it does not address the underlying causes of pain. Massage therapy is not recommended as a standalone treatment. Additionally, the 12 requested visits exceed the recommendations in the guidelines. Therefore, this request for massage, 2 times weekly, lumbar spine QTY: 6 are not medically necessary.

**Work hardening/conditioning, 2 times weekly, lumbar spine QTY: 6: Upheld**

**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); Low Back - Lumbar & Thoracic, Work Conditioning/Work Hardening

**Decision rationale:** The request for work hardening/conditioning, 2 times weekly, lumbar spine QTY: 6 are not medically necessary. The Official Disability Guidelines recommends work conditioning/work hardening as an option, depending on the availability of quality programs. The best way to get an injured worker back to work is with a modified duty return to work program, rather than a work hardening/conditioning program. There is no evidence of their efficacy for acute back pain. These programs should only be utilized for select patients with substantially lower capabilities than their job requires. It was noted in the submitted

documentation that this injured worker had returned to work without restrictions. The need for a work hardening/conditioning program was not clearly demonstrated in the submitted documentation. Therefore, the request for work hardening/conditioning, 2 times weekly, lumbar spine QTY: 6 are not medically necessary.