Case Number:	CM14-0196473		
Date Assigned:	12/04/2014	**Date of Injury:**	04/19/2007
Decision Date:	01/16/2015	**UR Denial Date:**	10/15/2014
Priority:	Standard	**Application Received:**	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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:

There is a 56-year-old man who sustained a work related injury on April 19, 2007. Subsequently, she developed chronic low back pain. Prior treatments included: lumbar discectomy complicated by spinal infection requiring IV antibiotics and hospitalization for 3 weeks, acupuncture, TENS unit, medications, chiropractic treatment, and functional restoration program. According to the progress report dated October 20, 2014, the patient complained of lower back pain. The patient rated the pain as 6/10. The pain was characterized as aching and sore. It radiated to the neck, left thigh, left leg, and left foot. He stated that medications are helping. Examination of the lumbar spine revealed restricted range of motion with flexion limited to 50 degrees limited by pain and extension limited to 10 degrees limited by pain. On Palpation, paravertebral muscles, spasm, and tenderness was noted on both sides. No spinal process tenderness was noted. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on the left side at 90 degrees and in sitting position. On sensory examination, light touch sensation was decreased over medial calf, lateral calf on the left side. The patient was diagnosed with lumbar disc degeneration, brachial neuritis or radiculitis, and sleep disturbance. The provider requested authorization for physical therapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to MTUS guidelines, physical medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. There is no documentation of the efficacy and outcome of previous physical therapy sessions. There is no recent objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation of pain improvement with previous physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, physical therapy for the low back is not medically necessary.