

<b>Case Number:</b>	CM14-0025854		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Medicine 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 34-year-old male with a date of injury of July 15, 2009. Apparently he had a load of shoring material fall onto him resulting in numerous crush injuries including a traumatic brain injury and injuries to the right leg requiring surgery. He has been complaining of intense headaches, low back pain radiating to the legs and up to the hands, and left shoulder pain. The exam reveals tightness of the left paracervical musculature with a normal Spurling's test. The gait is slightly antalgic. There is stiffness/tightness to the L4-L5 region and the posterior superior iliac spine region bilaterally. The lower extremity neurologic exam is normal. The injured worker has been prescribed a Lidoderm patch, Neurontin, and hydrocodone. The request for authorization is for physical therapy for the lumbar spine 2 times weekly for 3-4 weeks. This request was previously non-certified as the reviewer thought it was likely the injured worker has had previous physical therapy without documentation of results. The diagnoses include lumbar sprain, cervical sprain, myofascial pain, rotator cuff tendinopathy, headaches, and right upper extremity radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY LUMBAR:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

**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, Physical Therapy

**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. The Official Disability Guidelines allow for 10 physical therapy visits over 8 weeks for lumbar sprains and strains. There is no direct evidence from the medical record that the injured worker has ever had physical therapy for the lumbar spine. Consequently, physical therapy for the lumbar spine twice weekly for 3-4 weeks is medically appropriate and necessary.