

<b>Case Number:</b>	CM15-0003715		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/08/2000
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 51 year old female who sustained an industrial injury on May 8, 2000. She has reported back pain and has been diagnosed with lumbar disc disease with spinal stenosis and bilateral radiculopathy, left greater than right and plantar fasciitis bilaterally. Treatment to date has included physical therapy, pain medications, and home exercise program. Currently the injured worker complains of a pinching sensation from the lower lumbar spine that transverse down into the leg and pain in the right calf. The treatment plan included myofascial release therapy, muscle stimulation, rehabilitative exercise therapy, and pharmacological support. On December 24, 2014 Utilization Review modified 6 sessions of physical therapy citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, experienced a flare-up of her low back pain and was recommended up to 6 sessions of physical therapy. Her injury was years prior to this request and she had already completed the recommended number of physical therapy sessions over this time frame. Home exercises, even in the setting of an acute flare-up, as long as the worker is familiar and capable of doing the exercise is usually the appropriate method of physical medicine. In settings of inability to perform home exercises or needing a refresher with instructions by a physical therapist on how to perform them, 1-3 or so supervised sessions may be reasonable in the setting of a flare-up. However, the worker did not report any inability to perform home exercises and the decision for 6 sessions of physical therapy is more than needed for reinstruction purposes. Therefore, the 6 sessions of physical therapy will be considered medically unnecessary.