

<b>Case Number:</b>	CM15-0162309		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: North Carolina  
 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:

This is a 61-year-old female worker who was injured on 1-30-2004. The medical records reviewed indicated the injured worker (IW) was treated for lumbar disc protrusion; left L5 and S1 radiculopathy with lower extremity weakness; lumbar stenosis; and low back pain; ankle pain; ankle internal derangement; left total hip replacement; chronic left knee pain; chronic left hip pain; and left shoulder pain. The progress notes (6-18-15) indicated the IW had bilateral low back pain radiating to the left lateral thigh and left posterolateral calf. She had completed eight of eight physical therapy sessions, which was helping. Tramadol was also helpful. Medications also included Effexor, Cymbalta, Naprosyn, Lasix and Norvasc. An evaluation (8-4-15) showed the IW was recovering from heel surgery and had home health assistance due to incontinence and mobility problems. On physical examination (6-18-15 and 8-4-15 records), there was tenderness to the lumbar paraspinal muscles, with decreased range of motion in all directions, worse with flexion than extension. Provocative maneuver, sustained hip flexion, was positive bilaterally. Nerve root tension sign, straight leg raise, was positive bilaterally. Muscle stretch reflexes were 1 and symmetrical bilaterally in all limbs. Clonus was absent bilaterally. Muscle strength was 5 out of 5 in all limbs except 4+ out of 5 in the left tibialis anterior, right extensor hallucis longus and right peroneals. There was decreased balance with heel and toe walking. Treatments have included back brace, TENS unit, physical therapy with pool therapy, epidural injections (2013 and 2014) with "dramatic recovery of the pain" after the last one (per 1-23-15 notes) and psychotherapy. Per provider notes (8-4-15), the IW has not worked since 2004. A Request for Authorization dated 7-28-15 was received for physical therapy, eight sessions, for

the lumbar spine. The Utilization Review on 8-6-15 non-certified the request for physical therapy, eight sessions, for the lumbar spine, as a home exercise program should address current issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy x 8 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) 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. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.