

<b>Case Number:</b>	CM15-0164670		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	01/28/2004
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62 year old male, who sustained an industrial injury on 01-28-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for back pain, right leg pain, and depression. Medical records (07-13-2015) indicate ongoing constant aching, burning, sharp, cramping pain in the lumbosacral junction with occasional radiation into the right lateral thigh which is sometimes associated with numbness and tingling. The pain was rated 9 out of 10 at its best and 10 out of 10 at its worst. Records also indicate indicated no improvement in sleep or activities of daily living since 03-05-2015 when the injured worker reported that he had quit his exercise program due to lack of energy and being upset. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-13-2015, revealed pain to palpation over the lumbosacral junction, painful extension of the lumbar spine at 10°, and stiff gait. Relevant treatments have included 4 epidural steroid injections without relief, psychological therapy, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (12-02-2014) showed multilevel disc protrusions in the lumbar spine with mild foraminal stenosis, and mild to moderate facet arthropathy. The request for authorization (07-15-2015) shows that the following therapy was requested and modified: 12 sessions of PT for the lumbar spine (2 times per week for 6 weeks) (modified to 9 sessions). The original utilization review (07-21-2015) partially approved a request for 12 sessions of PT for the lumbar spine (2 times per week for 6 weeks) based on the recommended guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks lumbar spine qty 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** This claimant was injured in 2004 with back and right leg pain, and depression. As of July, the pain was rated 9 out of 10 at its best and 10 out of 10 at its worst. In March the claimant quit his home physical therapy exercise program due to lack of energy and being upset. Other treatments have included 4 epidural steroid injections without relief, psychological therapy, work restrictions, and pain medications. The following therapy was requested and modified: 12 sessions of PT for the lumbar spine (2 times per week for 6 weeks) (modified to 9 sessions). The MTUS, Chronic Pain section, does permit physical therapy in the chronic phase. They note: Physical Medicine. 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. Although up to 10 might be reasonable in this setting, the number requested exceeded this. The request was appropriately not medically necessary.