MAXIMUS Federal Services

| Case Number: | CM15-0183339 | | |
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| Date Assigned: | 09/24/2015 | Date of Injury: | 06/13/2012 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

## 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:

The injured worker is an 80 year old female who sustained an industrial injury June 13, 2012. Past history included right L4-5, L5-S1 MIS TLIF (minimally invasive surgery, transforaminal lumbar interbody fusion) August 9, 2013 and right L4-5 transforaminal epidural steroid injection April 25, 2013 with 80-90$ relief of back pain and right leg pain for 2.5 days. According to a primary treating physician's progress report dated August 27, 2015, the injured worker presented with complaints of low back pain radiating down the right leg. Physical examination revealed; gait is brisk with good coordination; bilateral paramedian incisions have healed well; negative straight leg raise bilaterally and negative FABER sign; hip range of motion without reproduction of pain; sensation to light touch is decreased along the right lateral toes. The physician documented lumbar x-rays dated August 4, 2015, 2 years post-operative revealed; implants in good position without evidence of loosening or subsidence; alignment maintained; no change compared to prior imaging studies. Diagnoses are lumbar strain; L4-5 spondylolisthesis with extruded herniation and L5 radiculopathy; L5-S1 spondylosis with central disc herniation and S1 radiculopathy; piriformis syndrome. Treatment plan included refill ibuprofen, physical therapy for piriformis program and develop and optimize a home exercise program. At issue, is a request for authorization for physical therapy (2) times a week for (6) weeks. According to utilization review dated September 14, 2015, the request for Physical Therapy (2) times a week for (6) weeks (12 sessions) was modified to certification for Physical Therapy x (9) sessions.

## 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Hip & Pelvis.

**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. 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.