

<b>Case Number:</b>	CM15-0188247		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/27/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old male, who sustained an industrial injury on 02-27-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for blunt trauma to the chest wall, closed fractured left rib "10nb", left-sided sciatica, lumbar degenerative disc disease, and dyspepsia due to non-steroidal anti-inflammatory drugs (NSAIDs). Medical records (03-06-2015 to 08-07-2015) indicate ongoing left low back pain, lower extremity numbness and tingling, and bilateral lower extremity cramping. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels, or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work as the restrictions cannot be accommodated. The physical exam, dated 08-07-2015, revealed tenderness to palpation over the L1-L4 area, and restricted range of motion in the lumbar spine with minimal discomfort. All other findings were within normal limits. No changes were noted from previous exam findings on 07-17-2015. Relevant treatments have included at least 3 sessions of physical therapy (PT) with a 20% improvement in symptoms, work restrictions, and pain medications. The PR (08-07-2015) shows that the following therapy was requested: 6 sessions of PT for the lower back. The original utilization review (09-03-2015) partially approved the request for 6 sessions of PT for the lower back (modified to 2 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 physical therapy visits for the lower back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, General Approach.

**Decision rationale:** According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pains impact on society. Physical 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. 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. In this case, the medical notes document a prior trial of physical therapy without any documented evidence of functional improvement from 7/17/15 and 8/7/15. The documented physical exam does not report objective findings of ongoing muscle spasm or radiculopathy. There is no documentation supporting the use of an active home exercise program and the injured worker has not returned to his job. Therefore in this case, the request for physical therapy visits is not medically necessary.