

<b>Case Number:</b>	CM15-0214014		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Washington, 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 54 year old male who sustained an industrial injury on 1-28-2013. The injured worker was being treated for thoracic and lumbosacral spondylosis, lumbar or lumbosacral disc degeneration, and acquired spondylolisthesis. Comorbid conditions include morbid obesity. Treatment has included physical therapy, chiropractic therapy, injections, a back brace, an inversion table, thoracic and lumbar facet blocks, radiofrequency ablation, and medications including pain, antidepressant, anxiolytics, anti-epilepsy drugs and non-steroidal anti-inflammatory drugs. Thoracic MRI on 3-27-2015 showed a mild paracentral disc protrusion at T6-7, which created mild central canal stenosis. Lumbar x-ray on 1-7-2015 showed multilevel discogenic degenerative disease with malalignment, but no instability. Lumbar MRI on 9-11-2014 showed an overall stable appearance of the spine; facet arthropathy, discogenic disease, and endplate and foraminal bone ridging together causing severe neural foraminal narrowing L2-3 and L4-5; L2-3 was mildly retrolisthesis; significant endplate reactive signal change right of midline at L3-4; and an L4-5 facet capsulitis. Review of medical records on 8-21-2015, 9-17-2015, and 10-5-2015 reported the injured worker exacerbation of ongoing thoracic pain which radiated into the lumbar spine and low back pain. It was noted that his low back pain was decreased by more than 50% for 2 days following lumbar facet injections on 9-22-2015. However, by the 10-5-2015 visit his pain had returned to baseline. He was scheduled for a thoracic epidural steroid injection on 10-6-2015. The physical exam on 8-21-2015, 9-17-2015, and 10-5-2015 revealed spasm and guarding of the lumbar spine musculature, pain with axial loading of the facet joints, right greater than left. Per the treating physician 9-17-2015 report, the injured worker has not returned to work. On 8-25-2015, the requested treatments

included 6 sessions of physical therapy for the thoracic and lumbar spine (to be completed after lumbar facet injections and thoracic epidural steroid injection procedures). On 10-19-2015, the original utilization review modified a request for 6 sessions of physical therapy for the thoracic and lumbar spine (to be completed after lumbar facet injections and thoracic epidural steroid injection procedures).

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

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

#### **Physical Therapy x6 thoracic/lumbar spine [to be completed after Lumbar Facet Injections and Thoracic Epidural Steroid Injection Procedures]: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy or physiotherapy is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the Physical Therapy clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over a 4-week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat physical therapy treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. The provider has requested formal physical therapy in conjunction with procedures that are known to decrease the patient's pain. The physical therapy could extend the pain relieving effect of these procedures. This is an appropriate use of physical therapy. Since the provider's request follows the above MTUS guidelines for pain exacerbation, medical necessity for physical therapy has been established. The request is medically necessary.