

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0030384 |                              |            |
| <b>Date Assigned:</b> | 02/24/2015   | <b>Date of Injury:</b>       | 07/16/2014 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2015 |

### 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: Pennsylvania

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 a 38 year old female, who sustained an industrial injury on 7/16/2014. She has reported hurting lower back while bending over and lifting. Magnetic Resonance Imaging (MRI) of lumbar spine 10/31/14, documented no acute findings. The diagnoses have included lumbar spine pain, and lumbar spine strain/sprain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, six (6) out of eight (8) physical therapy sessions, modified duty, and a brace. Currently, the IW complains of low back pain with radiation to lower extremity. PR-2 dated 1/8/15 did not documented objective findings. The plan of care included authorization for a spine surgeon consultation, a lumbosacral corset and for Ultram 50mg one tablet every eight hours. On 2/2/2015 Utilization Review non-certified eight (8) physical therapy sessions, lumbar, noting the medical records did not documented functional improvement from prior physical therapy sessions. The MTUS Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of eight (8) physical therapy sessions, lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy may be passive in the short term in the early phase of an illness to control pain, inflammation and swelling. Active therapy to restore flexibility, strength, endurance, function, range of motion, and alleviate pain should also be initiated early on as well. The patient should be transitioned to a home exercise program to continue the active therapy independently after the program has been established and the patient instructed in performing it. 9-10 visits over 8 weeks for myalgia would be appropriate according to the Chronic Pain Medical Treatment Guidelines. This worker has already had 6 physical therapy sessions. 8 more physical therapy sessions would be in excess of what would typically be necessary for conditions such as low back pain. There is no documentation of functional improvement from the sessions already provided to validate the benefit of physical therapy. Furthermore there is no justification provided for a number of physical therapy sessions that is beyond the usual number.