

<b>Case Number:</b>	CM15-0031648		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/13/2001
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 52 year old male sustained a work related injury on 10/13/2001. According to a follow-up visit dated 01/14/2015, the injured worker reported constant aching neck pain that radiated to the bilateral arm that was rated 7 and 8 on a scale of 1-10. He experienced constant aching low back pain that radiated down to his bilateral anteroposterior leg that was accompanied by back numbness. Pain was rated 8 and 9. There was no change since a prior office visit dated 12/16/2014. Diagnoses included lumbar pain/radiculopathy, cervical pain/radiculopathy, Romberg's Disease/Hoffman Disease and status post anterior lumbar interbody fusion at L4-L5. The injured worker experienced difficulty performing various activities of daily living, weakness, pain with flexion/extension/rotation and specifically trouble sleeping. Treatments have included anterior lumbar interbody fusion at L4-L5 in 2013, three lumbar epidural steroid injections at L4-L5, several sessions of physical therapy, Neurontin, Flexeril, Naprosyn, Darvocet, Lidoderm patches, Vicodin, Lyrica and Soma, 10 sessions of chiropractic therapy, 8 sessions of acupuncture, massage and yoga. Treatment plan included updated MRI, CT (computed tomography) and x-rays of the lumbar spine, bilateral lower extremity electromyogram and physical therapy. On 01/29/2015, Utilization Review non-certified physical therapy 8 treatments (lumbar spine). According to the Utilization Review physician, the information provided did not indicate any evidence that this was an acute episode. It did not provide any context of the injured worker as far as previous treatments and their outcomes. It appeared that the injured worker was presenting with a chronic condition and no new complaints.

Chronic conditions are unlikely to have a good response to therapy and fall outside the recommendations by the CA MTUS Guidelines. CA MTUS, Physical Medicine Chronic Pain, pages 98-99 were referenced. The decision was appealed for an Independent Medical Review.

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

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

**Physical therapy 8 treatments (lumbar spine): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The treating physician has not provided documentation of an acute injury or exacerbation of the patient's chronic injury. The documentation provided does not indicate if the patient has attended physical therapy in the past or if he is currently participating in a home exercise program. As such, the request for Physical therapy 8 treatments (lumbar spine) is not medically necessary.