

<b>Case Number:</b>	CM15-0032712		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 55 year old male, who sustained a work related injury on 9/18/13. The diagnoses have included lumbago, spinal stenosis lumbar region without neurogenic claudication, degeneration of lumbar intervertebral disc, kyphoscoliosis and scoliosis. Treatments to date have included lumbar spine surgery, MRI lumbar spine, lumbar epidural steroid injection, oral medications, physical therapy and home exercise program. In the PR-2 dated 1/7/15, the injured worker complains of back pain with left leg radicular pain. He rates this pain a 10/10, 80% in back and 20% in left leg. He has trouble standing and sitting which makes pain worse. He states ice and lying down helps alleviate pain. He does have occasional weakness in his lower back and left leg. He states that previous physical therapy helped. He is able to work full-time as a delivery driver. On 2/17/15, Utilization Review non-certified a request for physical therapy 3x/week for 6 weeks to the lumbar spine. The California MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 6 weeks to the lumbar spine (qty: 18): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 18 visits surpasses the number of six recommended for clinical trial to determine functional improvement and the maximum number of 10 treatments. The request should not be authorized.