

<b>Case Number:</b>	CM15-0037116		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/25/1981
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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 64 year old male who sustained an industrial injury on 11/25/81. The injured worker reported symptoms in the back. The diagnoses included lumbar spine, disc bulge with bilateral lower extremity sciatica. Treatments to date include oral pain medications, non-steroidal anti-inflammatory drugs, home exercise program and physical therapy. The physical was helpful in the past but no documentation was given for when it was last used or how many treatments were given. In a progress note dated 1/8/15 the treating provider reports the injured worker had continued back pain and muscle spasms in the lower back with pain radiating into his right lower extremity. Exam showed presence of muscle spasms in the lower back with associated tenderness to palpation, decreased range of motion and pain on motion. Straight leg raise testing was positive bilaterally. Neurologic exam showed normal deep tendon reflexes and motor strength in the lower extremities. The provider recommended to treat this with continued medications, home exercise, referral to a pain specialist and physical therapy.

### 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 Summary of Recommendations. Decision based on Non-MTUS Citation ODG Preface, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

**Decision rationale:** Physical therapy can be active or 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 (PT) 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 PT 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 recommends that physical therapy for patients with delayed recovery be time contingent. The provider has documented successful use of physical therapy for this patient in the past but did not document when this therapy was performed nor how many visits it required. This patient has chronic low back pain but is already functional. There is no documentation of additional or new injury. The repeated use of physical therapy in this situation is not indicated. Medical necessity for the requested number of PT sessions and duration of treatment has not been established.