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| <b>Case Number:</b>   | CM15-0049040 |                              |            |
| <b>Date Assigned:</b> | 03/20/2015   | <b>Date of Injury:</b>       | 02/06/2006 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 03/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2015 |

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 73 year old female sustained an industrial injury to the low back on 1/22/14. Previous treatment included magnetic resonance imaging, lumbar decompression and fusion, physical therapy and medications. In a PR-2 dated 2/27/15, the injured worker complained of lumbar spine aches and pain. The injured worker was attending physical therapy with two sessions remaining. The physician noted that the physical therapy had stated that the injured worker's healing process was slow secondary to previous cardiac issues and opined that stiffness might be due to cold weather. Physical therapy recommended ongoing physical therapy to improve range of motion and strengthening as therapy was helping improve functionality with day to day activities and improving gait. Physical exam was remarkable for tenderness to palpation to the paraspinal musculature and buttock, negative straight leg raise and limited range of motion with pain as well as improving gait and function. Current diagnoses included status post L4-5 decompression and fusion. The treatment plan included continuing home exercise and continuing physical therapy twice a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy Times 6 Sessions to the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Post-surgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

**Decision rationale:** The Injured Worker has chronic low back pain s/p lumbar fusion on 3/24/14. Physical therapy, 8 sessions, was approved on 12/1/14. According to the MTUS passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has received prior physical therapy sufficient enough to set up a home exercise program. Additional sessions of physical therapy are not medically necessary.