

<b>Case Number:</b>	CM14-0123156		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female with a dated injury of September 28, 2013. The mechanism of injury was not given. The complaint is primarily for back pain. The given diagnoses are lumbago, sacroiliitis, and brachial neuritis. The physical exam reveals tenderness to palpation of the lumbar spine and sacroiliac joints. Lumbar flexion is said to be limited and the gait is said to be antalgic and non-fluid. The records provided suggest that the injured worker has completed 7 physical therapy sessions and that subjectively she felt improvements in terms of pain and functionality. Work restrictions given on February 25, 2014 limited lifting to less than 10 pounds, sitting limited to 20 minutes with frequent breaks, and no repetitive body motion. The work restrictions given on May 27, 2014 were identical. The treating physician felt that an additional 6 physical therapy visits were necessary to transition to a home exercise program and to assist with kneeling, standing, and twisting. Physical therapy notes were not included for review. She has been treated with opioids and muscle relaxants and a left sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to lumbar spine two times a week times 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in workers' Comp-Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Preface and Low Back Sections, Physical Therapy

**Decision rationale:** The Official Disability Guidelines allow for 9 physical therapy visits over 8 weeks for the diagnosis of lumbago. There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this instance, injured worker has already completed 7 physical therapy visits. The treating physician is requesting additional 6 physical therapy visits which would give a total of 13, thus exceeding the guideline recommendations of 9 visits for this diagnosis. Additionally, there seems to have been no functional improvement over the course of 7 physical therapy visits as evidenced by no loosening of work restrictions. Pain cannot be said to have improved objectively because there is no documentation of pain levels on any kind of a scale from one visit to the next. Based on the guidelines cited above, the request is not medically necessary.