

<b>Case Number:</b>	CM14-0133611		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Pain Medicine and is licensed to practice in California. 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 47-year-old male who sustained an injury on 6/6/13. He has been having ongoing problems with back pain; he described it as an aching, radiating, stabbing pain that was worse across his low back. It was a constant 8/10. He had difficulty bending at the waist, carrying, lifting, going from sit to stand, stooping, and taking stairs. On exam, trigger points were palpated in the gluteus medius on the left and gluteus medius and quadratus lumborum bilaterally. Sensation was intact to light touch in dermatomes at L3-S1 bilaterally. Paresthesia to light touch was noted in the lateral left leg. His recent magnetic resonance imaging scan showed herniated nucleus pulposus. His diagnoses included myofascial pain/myositis, cervicobrachial syndrome, sprains and strains of thoracic region, lumbosacral strain, and sprains and strains of sacroiliac region. Also, he had been having ongoing problems with muscle spasms and as he had failed other medications, he was prescribed Norflex 100 mg to be taken twice per day as-needed for muscle spasms. He was currently undergoing aquatic therapy and was having a very good response to a transcutaneous electrical nerve stimulation unit for his muscle spasms previously in physical therapy. It was indicated that the pain was relieved 60 to 80% by medicines and resting and 60 to 80% by physical therapy. Given his current flare up, a course of physical therapy was recommended again to help reduce pain and muscle spasms and facilitate the injured worker's return to baseline. The request for 12 sessions of physical therapy was modified to 6 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy:** Upheld

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

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

**Decision rationale:** As per Chronic Pain Medical Treatment Guidelines, physical medicine 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 guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for lumbar sprains and strains, or Lumbago / Backache. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the worker utilizing a home exercise program (at this juncture, this worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.