

<b>Case Number:</b>	CM14-0143426		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/01/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 61 year-old male who reported a work related injury on 02/01/2002 due to continuous extensive lifting, bending, and stooping as well as forklift driving. The injured worker's diagnoses consist of multilevel degenerative disc disease with radiculopathy. Past treatment has included 18 sessions of physical therapy, home exercise program, and medication. Diagnostic studies were not provided for review. A physical therapy note dated 08/12/2014 stated the injured worker had pain in his low back which he rated as a 6/10 on the VAS pain scale. The injured worker reported taking his pain medication every 6-8 hours. He reported that his legs felt a lot more flexible and he felt less pressure in the low back. The injured worker was noted to have forward bend to ankles, side bend to knee joint line, and 75 percent rotation with moderate pain. Upon examination on 08/21/2014, the injured worker complained of lower back pain. He also continued to have difficulty with his legs giving out and numbness bilaterally in his feet. Palpation of the lumbar spine revealed diffuse tenderness and pain with extension and rotation. The injured worker's prescribed medications include Paroxetine, Tizanidine, Lorazepam, Voltaren Gel, and Gabapentin. It was noted that medications were stable and symptoms were managed. The request for authorization form was submitted on 08/20/2014 for physical therapy due to low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar 2 times per week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012, Back Section: PT

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

**Decision rationale:** The request for physical therapy for the lumbar 2 times per week for 3 weeks is not medically necessary. The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worked completed 18 sessions of physical therapy in conjunction with a home exercise program to receive optimal benefits. There was mention of functional improvements such as working well performing her usual and customary duties. However, within the documentation there was no evidence of exceptional factors to warrant additional visits. The California Chronic Pain Medical Treatment Guidelines also recommends active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker was noted to have participated in a home exercise program. However, the clinical documentation did not provide any current significant functional deficits with regards to the lower back with previous physical therapy sessions. In addition, the request for additional therapy exceeds the guideline recommendations. Therefore, the request for physical therapy for the lumbar 2 times per week for 3 weeks is not medically necessary.