

<b>Case Number:</b>	CM14-0166721		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	04/14/1982
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 65-year-old male who sustained a work related injury on 4/14/1982 as result of an unknown mechanism of injury. The patient has complaint of persistent lower back pain. On physical examination, he has limited lumbar range of motion with an appreciable sensory deficit along the L3-4, L5-S1 dermatomes without appreciable motor deficit or observable weakness. In dispute is a decision for physical therapy 6 visits request for flaring pain per PR-2 date 09/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99.

**Decision rationale:** In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per guidelines, patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Physical therapy is one means of addressing discomfort and range of motion reduction to assist a patient to be more active. The request has merit and is medically necessary.