

<b>Case Number:</b>	CM14-0185901		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 56 year old patient with date of injury of 5/29/13. Medical records indicate the patient is undergoing treatment for lumbar spondylosis with myelopathy, lumbago, chronic lumbar strain and probable lumbar radiculopathy. Subjective complaints include intermittent lower back pain about 70% of the time, described as aching, dull and sharp which radiates to the right foot and left leg, right worse than the left; pain increased with bending, carrying, lifting, pushing pulling, sitting, twisting at the waist standing and squatting. Objective findings include decreased range of motion (ROM) lumbar spine, tingling and numbness right leg, foot, 4th and 5th toes; digital electronic dual inclinometry showed decreased ROM of lumbar spine; 2 point sensory testing of lower extremities consistent with peripheral neuropathy and/or non-organicity. MRI lumbar spine revealed degenerative changes at L4-L5 and L5-S1 unchanged. Lumbar spine ultrasound showed mild to moderate nerve root inflammation L1-L5 primarily on the left. Treatment has consisted of work restrictions, cane, and acupuncture 3x6. Medications include Orphenadrine and Cyclobenzaprine. The utilization review determination was rendered on 10/14/14 recommending non-certification of physical therapy 2x6 visits of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 visits lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The requested number of physical therapy exceeds the guideline recommendations. Medical records do not indicate details of a new injury, re-injury, and detail a history of any previous physical therapy visits. As such, the request for physical therapy 2 x 6 visits of the lumbar spine is not medically necessary.