

<b>Case Number:</b>	CM15-0011000		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 63 year old female, who sustained an industrial injury on 5/21/10 and 11/12/13. She has reported low back pain. The diagnoses have included lumbar disc bulge and lumbar radiculitis. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, lumbar epidural injections and medication. Currently, the injured worker complains of low back pain and pressure. Tenderness of lumbar spine with spasms of paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. Tenderness and spasm are also noted over the spinous process from L3 through S1 bilaterally. On 12/22/14 Utilization Review non-certified physical therapy 1 x4 visits to the lumbar spine was not medically necessary. The MTUS, ACOEM Guidelines and ODG were cited. On 1/20/15, the injured worker submitted an application for IMR for review of physical therapy 1 x4 visits to 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 1x4 Visits to the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had prior treatment of six visits of physical therapy, which provided temporary slight benefit. There is no documentation of objective evidence of functional improvement. Lack of past progress is an indicator that future progress is unlikely. The request should not be authorized.