

<b>Case Number:</b>	CM15-0013298		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old male injured worker suffered an industrial injury to the low back on 6/6/2014. The diagnoses were lumbar sprain/ strain and lumbar spine pain. The diagnostic studies included lumbar magnetic resonance imaging and lumbar x-rays. Treatment has included physical therapy, ibuprofen and Norco. The number of physical therapy visits and response to those visits is not documented. The injured worker reports ongoing low back pain, with radiation to the right leg, extending to the back of the knee. On exam there is tenderness at the lumbar spine, restricted range of motion with pain and positive straight leg raise on the right. The Utilization Review Determination on 1/6/2015 non-certified physical therapy 2x4, citing MTUS/ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines Pain Suffering and the Restoration of function Chapter, page 114, and on the ODG Low back chapter

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

**Decision rationale:** The MTUS notes that physical medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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 instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. For myalgia and myositis, unspecified, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks are recommended. The ODG guidelines state that for Lumbar sprains and strains (ICD9 847.2), 10 visits over 8 weeks are recommended. In this case the medical records indicate that the injured worker had been in physical therapy with no documented functional improvement. The records do not indicate that he is performing a home exercise program as recommended in the MTUS. With no evidence of benefit related to physical therapy and no indication of how many physical therapy sessions have been accomplished it is not possible to determine whether additional physical therapy is consistent with the guidelines. The request for additional physical therapy 2 times per week for 4 weeks for the lumbar spine is not medically necessary.