

<b>Case Number:</b>	CM15-0126308		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/29/2001
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59 year old female sustained an industrial injury to the low back on 10/29/01. Documentation did not disclose recent magnetic resonance imaging or previous treatment. In a progress noted dated 11/18/14, the injured worker continuing complained of pain rated 4/10 on the visual analog scale with restricted daily activity and functional limitations. The physician noted that x-rays of the lumbar spine showed multilevel degenerative changes. The treatment plan included aqua therapy. In a progress note dated 3/16/15, the injured worker complained of ongoing pain, rated 9/10 on the visual analog scale with restricted daily activity and functional limitations. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature. Current medications included Gabapentin, Proteolin capsule, Myofibex, Omnicap, Imuhance, Medi-Derm cream, Anaprox, Omeprazole, Naproxen Sodium and Tylenol with codeine. Current diagnoses included lumbar spine spondylosis without myelopathy, lumbar sprain/strain, generalized and unspecified atherosclerosis and hypertension. The treatment plan included continuing current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back, three times weekly for six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks. Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. Per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. The request for 18 visits is not appropriate. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for 9 visits.