

<b>Case Number:</b>	CM15-0095461		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, New York, California  
 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 applicant is a represented 39-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of April 9, 2015. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for nine sessions of physical therapy to apparently include therapeutic exercise, electrical stimulation, and a Hydrocollator. An order form dated April 16, 2015 was referenced in the determination. The claims administrator did apparently partially approve six of the nine physical therapy treatments. The applicant's attorney subsequently appealed. In a handwritten RFA, form seemingly dated April 16, 2015; nine sessions of physical therapy were sought for an acute lumbar strain injury. In an associated progress note of the same date, April 16, 2015, the applicant was given prescriptions for Tylenol No. 3, Medrol Dosepak, and Prilosec. A rather proscriptive 10-pound lifting limitation was endorsed. The attending provider stated that he wished the physical therapy to include modalities such as electrical stimulation, therapeutic exercise, and a Hydrocollator. The request was framed as a first-time request for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises for the lumbar spine, three times a week for three weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Low Back Disorders, pg 517.

**Decision rationale:** No, the request for nine sessions of therapeutic exercise (AKA physical therapy) for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of physical therapy duration for acute and sub acute low back pain complaints, as were/are present here. While the Third Edition ACOEM Guidelines Low Back Chapter does acknowledge on page 517 that 8 to 12 visits of physical therapy are recommended for applicants with more severe acute and sub acute low back pain complaints, ACOEM qualifies this position by noting that treatment at the upper end of the ACOEM-endorsed course should be contingent on documentation of program progression and functional improvement. Here, however, the request for nine initial sessions of physical therapy ran counter to ACOEM principles and parameters as it did not contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with further therapy. Therefore, the request was not medically necessary.

**Electrical stimulation for the lumbar spine, three times a week for three weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308; 300.

**Decision rationale:** Similarly, the request for nine sessions of electrical stimulation for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, TENS therapy/electrical stimulation therapy, i.e., the modality at issue, is deemed "not recommended." While ACOEM qualifies its unfavorable position on electrical stimulation by noting in Chapter 12, page 300 that modalities such as electrical stimulation may have some value in short term if used in conjunction with a program of functional restoration, here, however, the request for nine sessions of electrical stimulation therapy ran counter to ACOEM principles and parameters as it implied extensive and/or protracted usage of this particular modality without associated emphasis on active rehabilitation, program progression, and functional restoration. Therefore, the request was not medically necessary.

**Hydroculator for the lumbar spine, three times a week for three weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Amazon.com: Therapist's Choice® Hydroculator Heat Packs. www.amazon.com...Hot & Cold Therapies Amazon.com, Inc. Amazon.com: Therapist's Choice® Hydroculator Heat Packs (Standard 10"x12"): Health & Personal Care. Hydroculator Standard Steam Packs www.clinicalhealthservices.com - Hot / Cold Therapy - Hot & Cold Packs Standard 10"x12" Hot Steam Pack for Hydroculator units (Standard is the most popular size). For clinical and therapeutic use. Choice of 2 Brands: Our Clinical.

**Decision rationale:** The request for nine sessions of "Hydrocollator" for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. Based on the product description, the request for hydrocollation appears to represent a means of delivering heat therapy by a physical therapist. However, the MTUS Guideline in ACOEM Chapter 12, page 300 argues against applications of hot and cold therapy by a physical therapist, noting that at-home local applications of heat and cold are as effective as those performed by therapist. The request for nine sessions of hydrocollation (AKA application of heat therapy by a physical therapist), thus, ran counter to ACOEM principles and parameters as it implied protracted usage of this particular passive modality without associated emphasis on program progression, functional restoration, and active rehabilitation. Therefore, the request was not medically necessary.