



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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.

## DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

## CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 08/24/2009. The primary treating diagnosis is lumbar sprain. The treatment requested in the application of independent medical review is “*cryo physical therapy for lumbar spine.*” Initial physician review discusses that this patient has been diagnosed with lumbar degenerative disk disease at multiple levels and that she has been treated with extensive physical therapy and reports ongoing low back pain radiating to the lower extremities. That review concludes that the treatment guidelines do not support indication for further physical therapy modalities or supervised therapy at this time.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. 6 physical therapy sessions for the lumbar spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Practice Guidelines 2<sup>nd</sup> Ed., Low Back Complaints Chapter, page 300, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Physical Medicine, page 99, which is part of the MTUS.

The Physician Reviewer’s decision rationale:

The Chronic Pain Medical Treatment Guidelines section on Physical Medicine, page 99, recommends “*Allow for fading of treatment frequency plus active self-directed home physical medicine.*” Additionally, I note that ACOEM Guidelines, Chapter 3 Treatment, page 48, recommends “*During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration to*

*symptoms and to facilitate mobilization and graded exercise.*” The guidelines thus anticipate that this patient would have transitioned to an independent active home rehabilitation program at this time. The treatment guidelines and medical records do not provide a rational for supervised physical therapy in general or, particularly, supervised use of modalities in this current chronic setting. This request is not medically necessary.

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[REDACTED]

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