

<b>Case Number:</b>	CM14-0083074		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42-year-old female who has submitted a claim for lumbago associated with an industrial injury date of February 18, 2014. Medical records from March 17, 2014 up to July 8, 2014 were reviewed, showing constant pain in the low back 10/10 in severity, radiating to buttocks and lower extremities. Her pain is worse with activity and improves with rest and medication. Physical examination demonstrated guarded stance and slight antalgic gait. Lumbar examination revealed decreased lumbar lordosis, bilateral paraspinous, facet, sacroiliac, and gluteal muscle tenderness. Range of motion was decreased in all planes of lumbar spine with increased pain on lumbar flexion and extension. MRI showed facet arthropathy annular tear at L4-L5 with neural foraminal stenosis as well as sacralization of L5. Treatment to date has included: Norco, Galise, omeprazole, steroid injections, compound cream, and physical therapy. Utilization review from May 22, 2014 denied the request for physical therapy 2x/wk x 6wks (2 times per week for 6 weeks) to the low back. Patient was previously authorized for 18 physical therapy visits. Physical therapy has been utilized without much benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 6Wks (2 times per week for 6 weeks) to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers'

Compensation), Online Edition, Low Back Chapter Official Disability Guidelines (ODG), Physical Therapy 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: Lumbar and Thoracic, Physical Therapy.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. 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 lumbago; backache, unspecified: 9-10 visits over 8 weeks. As per ODG, allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has been previously authorized 18 physical therapy visits. However, only the initial visit on March 17, 2014 was documented. There was no evidence of continued attendance or improvement of patient with physical therapy. At this point, the patient should have already started with home exercise program. Therefore, the request for Physical therapy 2x/wk x 6wks (2 times per week for 6 weeks) to the low back is not medically necessary.