

<b>Case Number:</b>	CM15-0067349		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/29/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Indiana

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 injured worker is a 55 year old female, who sustained an industrial/work injury on 12/29/12. She reported initial complaints of neck, back and left wrist pain. The injured worker was diagnosed as having lumbago and lumbosacral neuritis. Treatment to date has included medication, chiropractic care, physical therapy, subacromial injection, facet joint injection, surgery (left hand/wrist carpal tunnel surgery), and acupuncture. MRI results were reported on 2/4/13, 5/13/13, and 10/3/13. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 6/13/13. Currently, the injured worker complains of pain in the region of the neck on the left and extends to the left shoulder and down to the fingers on the left hand, on and off right shoulder aches and pain, and back pain that extends upward toward the neck region. Per the AME (agreed medical evaluator) report on 12/3/14, the examination revealed tenderness present to the neck which is slight in the region of the lower right as well as left upper trapezius and lower paracervical region. The right shoulder reveals no asymmetry or muscle atrophy or other pertinent findings. The left shoulder has soreness and slight tenderness in the subacromial region. Right and left wrist/hand was negative with opposition at 4+/5. The back had an area of tenderness in the thoracolumbar junction, mid thoracic and cervical-thoracic junctions with more tenderness in the region of the lower lumbar midline. The requested treatments include physical therapy to low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to low back 2x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the employee has had an unspecified total number of physical therapy appointments in the past. However, there is no documentation of the pain relief or functional benefits or any goal setting for the future or discussion on transition to home exercises. Therefore, the request is not medically necessary.