

<b>Case Number:</b>	CM15-0099915		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67 year old female, who sustained an industrial injury on 06/23/2011. She complained of low back pain after turning abruptly. On provider visit dated 04/27/2015 the injured worker has reported low back pain described as aching, dull, hot and electrical. On examination she was noted to have slow and intentional movement patterns with difficulty moving from side to side. Tenderness was noted throughout the lumbar region and the bilaterally in the sacroiliac area. Shoulders were noted to have trigger points and tenderness in the quadratus lumborum and gluteal muscles. Neuro exam revealed tremors and pattern that appear quite pathognomonic with Parkinson's disease. The diagnoses have included chronic low back and left greater than right buttock and leg pain, degenerative disk disease lumbar spine (L3- S1) and functional kyphosis lumbar thoracic spines, myofascial pain quadratus lumborum and gluteal bilaterally and Parkinson's disease. Treatment to date has included physical therapy and medication. The provider requested physical therapy for the low back.

### 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 Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, 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 this patient has had physical therapy in the past, but it does not appear she has recently attended therapy. Patient's date of injury is 06/23/2011, guidelines allow for 9-10 visits for an exacerbation of chronic low back pain. The requested number of treatments is in excess of guideline recommendations. As such, the request for Physical therapy for the low back Qty: 12 is not medically necessary.