

<b>Case Number:</b>	CM14-0103373		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/16/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 injured worker is a 41-year-old female who sustained work-related injuries on September 16, 2007. Undated electromyogram/nerve conduction velocity studies revealed normal findings in the upper and lower extremities. Per April 19, 2013 records, the injured worker reported that after her lumbar fusion surgery in 2010, she had an onset of bladder pain rated at 7/10. Increased with bladder filling and would go up to 10/10 in severity burning sensation with voiding. Burning sensation was "inside" of her lower abdomen and radiates from the midline and wraps around her left flank to near her spinal column. Pain was aggravated with menses but does not have dysuria at the urethral meatus. Also she noted urinary frequency, urgency, nocturia, occasional weak stream, terminal dribbling, sensation of incomplete voiding, and stress incontinence. She reported that she underwent cystoscopy in 2011. July 18, 2013 records documents that the injured worker presented for a follow-up regarding low back and bilateral hip pain. She reported that morphine sulfate did help with her pain a bit but ran out. She also reported having gastrointestinal upset. She also reported severe pain in the left low back which described as similar to being stabbed with a knife. She would wake up at night because of cramping in the legs. Her left leg has been more severe and it will from the toes all the way up to the hip. She is diagnosed with (a) lumbar disc displacement without myelopathy and status post fusion at L4-5 on June 28, 2010; (b) pain in joint shoulder; and (c) neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Pelvic Floor Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** Received records do not contain the most recent documents however it can be determined that she had prior twelve pelvic floor physical therapy sessions but there is no indication of any significant functional improvements or significant decrease in pain levels secondary to her previous pelvic floor physical therapy sessions. Also, there is no indication that the injured worker cannot do independent pelvic floor exercises on her own as evidence-based guidelines recommend that active form of physical modalities specifically exercises are preferred for chronic conditions as these provide better outcomes. Therefore, the medical necessity of the requested 12 additional pelvic floor physical therapy sessions is not established.