

<b>Case Number:</b>	CM14-0169475		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine and is licensed to practice in New York. 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 55 year-old female who injured her back on 12/4/12. A 5/2013 MRI of the sacrum and coccyx showed minor osteoarthritis of the right hip and mild grade tearing of the insertion of both the right gluteus minimus and gluteus medius. She was diagnosed with lumbosacral neuritis or radiculopathy, lumbar sprain, sprain of sacroiliac ligament, lumbosacral spondylosis, and ankle sprain. Her treatment included physical therapy, medications, and activity modification. It was noted that she had failed physical therapy, medications such as Norco and Advil, and activity modification and continued with right sacral area pain. In the chart, it was noted that the patient could not tolerate anti-inflammatories. She was taking a proton pump inhibitor for gastritis/dyspepsia induced by Advil. There was no mention on the effects of Norco or if other medications were used. The current request is for a pain management consult for the lumbar spine and physical therapy two times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult - Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, p. 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 92, 289, 296.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." The patient was diagnosed with lumbar and sacroiliac sprain and ankle sprain. There was no documentation of red flags for serious underlying medical conditions that would require a referral to a specialist. It was noted that she had failed conservative treatment of physical therapy and medications. The patient was unable to tolerate NSAIDs but there was no documentation of other medications used or how she felt when using Norco. There was no clear documentation of the number of physical therapy sessions received in the past. All conservative measures have not been attempted. Therefore, the need for a referral to Pain Management is not medically necessary.

**8 Physical Therapy Two Times a Week for Four Weeks, Lower Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

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

**Decision rationale:** The request for more physical therapy is considered not medically necessary. As per the chart, the injured worker had already received physical therapy but was noted to have failed. There was no documentation of improvement of pain and function. The MTUS guidelines call for fading of treatment from 3 visits per week to 1 or less in addition to a self-directed home program. The recommended visits for myalgia are 9-10 visits over 8 weeks. It is not clear how many sessions she had received previously. If she has failed therapy previously, then 8 sessions of physical therapy are not warranted. The request for 8 Physical Therapy Two Times a Week for Four Weeks, Lower Back is not medically necessary.