

<b>Case Number:</b>	CM14-0182830		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 66 year old male with an injury date of 10/10/07. Based on the 10/10/14 progress report provided by [REDACTED] the patient complains of low back pain rated 4/10 that radiates to his left leg. The patient is status post S5-S1 lumbar fusion, date unspecified. Physical examination revealed tenderness to palpation to the left PSIS. He has failed conservative treatment with physical therapy and pain management medications. The patient's medications include Lipitor, Nabumetone, Naprosyn and Norco. The physician is requesting continuation of physical therapy and authorization for left sacroiliac joint injection. QME report dated 04/07/14 states "wound healed," under lumbar spine examination. Diagnosis 10/10/14- lumbar/lumbosacral disc degeneration- lumbar disc disorder/myelopathy- lumbar region spinal stenosis- sciatica- sacroiliac ligament sprain/strain [REDACTED] is requesting physical therapy to the lumbar spine, 8 sessions, twice a week for 4 weeks. The utilization review determination being challenged is dated 10/17/14. [REDACTED] is the requesting provider and he provided treatment reports from 04/07/14 - 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the lumbar spine, 8 sessions, twice a week for 4 weeks:** Upheld

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

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

**Decision rationale:** The patient presents with low back pain rated 4/10 that radiates to his left leg. The request is for physical therapy to the lumbar spine, 8 sessions, twice a week for 4 weeks. The patient's diagnosis dated 10/10/14 included lumbar/lumbosacral disc degeneration, lumbar disc disorder/myelopathy, lumbar region spinal stenosis, sciatica and sacroiliac ligament sprain/strain. The patient is status post S5-S1 lumbar fusion, date unspecified. QME report dated 04/07/14 states "wound healed," under lumbar spine examination. Post-operative guidelines for physical therapy would not apply. Patient's medications include Lipitor, Nabumetone, Naprosyn and Norco. The MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 10/10/14, physician is requesting continuation of physical therapy and authorization for left sacroiliac joint injection. The physician states that the patient has failed conservative treatment with physical therapy and pain management medications. The reports do not discuss treatment history other than stating to "continue" therapy. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. The requested 8 sessions would be reasonable; however, the patient has had some therapy without improvement. The request is not medically necessary.