

<b>Case Number:</b>	CM14-0034154		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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, 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 female with no date of birth submitted. The injured worker reported an injury on 04/23/2009 due to an unknown mechanism. On 05/12/2012, the injured worker underwent an MRI (magnetic resonance imaging) that revealed interval resolution of the L5-S1 disc extrusion, active facet degeneration at L4-5, L2-3 and L3-4, L5-S1 had moderate left lateral recess stenosis resulting in slight impingement of the left L5 nerve root. On 02/05/2014, the injured worker complained of persistent low back pain and decrease left leg radicular pain. The injured worker pain level was 7/10. The physical examination done on 02/05/2014 revealed antalgic gait sparing the left leg with a right lateral shift, bilateral march testing showed left sacroiliac joint hypo mobility and analysis of the bilateral anterior and posterior superior iliac spines showed a pelvic obliquity with left ilium posterior rotation inflare. The straight leg raise test and the left pinformis test was positive on the left at 45 degrees for concordant left leg radiating pain. There was prominent bilateral lumbar paravertebral myofascial spasm and tenderness of the left leg. It was noted that the sensory test showed decreased sensation light to touch left heel, lateral foot and all of the left toes. It was noted the injured worker active range of motion of the lumbar spine was 20 degrees lordosis standing, 20 degrees flexion, extension 13 degrees and lateral bending left/right 9/24 on the left lateral bending limited by increased left foot pain and tingling was both limited by increased left foot with pain and tingling. The active range of motion of the injured worker hips extension was 10/20 degrees, flexion left/right 80/100 degrees, internal rotation left/right 15/35 degrees, external rotation left/right 30/50 degrees, abduction left/right 30/50 degrees and adduction left/right 0/20 degrees. The injured worker diagnoses included left pinformis syndrome with left sciatic neuropathy, pelvic obliquity with left ilium posterior rotation, lumbar core/pelvis weakness, left S1 radiculopathy, left L5-S1 disc protrusion with annular fissure low bac pain, lumbosacral spondylosis, status post left L4-5

laminotomy and microdiscectomy and sleep disturbance due to chronic pain. It was noted that the injured worker had continued her home exercise program but had not gained adequate lumbar core/pelvic strength and stability. The injured worker medication included Topirmate 25mg and Norco 10/325mg. It was noted that a medication management was performed/reviewed and the injured worker had no significant adverse side effects. The treatment plan included for a decision for physical therapy times eight (x8), pelvic. The request for authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY TIMES EIGHT (X8), PELVIC: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 2: Summary of Recommendations, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends passive physical therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). The patients are Instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the injured worker diagnoses included left piriformis syndrome with left sciatic neuropathy, pelvic obliquity with left ilium posterior rotation, lumbar core/pelvis weakness, left S1 radiculopathy, left L5-S1 disc protrusion with annular fissure low back pain, lumbosacral spondylosis, status post left L4-5 laminotomy and microdiscectomy and sleep disturbance due to chronic pain. In the documentation provided, there is lacked evidence if the injured worker had physical therapy in the past as conservative treatment. It was also noted that the injured worker had continued her home exercise program but had not gained adequate lumbar core/pelvic strength and stability there was lack of documentation on the injured worker frequency/duration and activities sustained while doing these home exercises. In addition, the request lack the frequency of how many times per week. Given the above, the request for physical therapy times eight (x8), pelvic is non-certified.