

<b>Case Number:</b>	CM14-0069053		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 30-year-old male with date of injury of 01/26/2012. The listed diagnoses per [REDACTED] dated 04/09/2014 are: 1. Disk herniation with discopathy, L5-S1. 2. Status post L5-S1 laminectomy and discectomy. 3. Right-sided pelvic imbalance with early sacroiliitis. 4. Status post right sacroiliac joint intraarticular steroid injection from 01/15/2014. According to this report, the patient has completed 6 sessions of physical therapy and has 2 sessions left. He states that therapy has been very beneficial. He reports that deep massages have been 30% beneficial. The patient has been performing on his own home exercise program. The objective findings show there is tenderness at L4 through S1 as well as the right superior iliac crest, right sciatic notch, right lateral iliac crest. Neurologic exam appears to be reasonably intact. No other findings were documented in this report. The utilization review denied the request on 04/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, lumbar, 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** This patient presents with low back and right pelvic pain. The treating physician is requesting 6 physical therapy sessions for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for various myalgias and neuralgias. The physical therapy report dated 04/03/2014 shows that the patient presented without pelvic dysfunction during the treatment. He required verbal cues for proper posture and proper technique with certain exercises. The patient was strongly encouraged to perform his HEP daily and consistently to maintain proper posture with all daily activities and to use heat or ice as required by his symptoms. The progress report dated 04/09/2014 notes that the patient has completed 6 sessions of physical therapy and has 2 sessions left. The treating physician did not state why additional sessions are warranted. Given that the patient has received some 8 sessions of physical therapy recently, when it is combined with the requested 6 additional sessions would exceed MTUS Guidelines. The patient should be able to continue with his current HEP to maintain/improve posture, ROM and strength. Given the above the request is not medically necessary.