

<b>Case Number:</b>	CM14-0192600		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Maryland. 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 49 year old female with a work injury dated 1/17/12. The diagnoses include arthralgia of the pelvic region and thigh; sacroiliac joint disorder; sprain of the sacroiliac ligament. Under consideration are requests for physical therapy 2 times a week times 6 weeks of lower back. There is a 10/23/14 progress note which states that the patient comes for follow up exam. The patient completed 12 sessions and extension is modified to 3 sessions. While in PT helpful to pain, strengthening and strengthening and took less medication while in PT. Gap in authorizing PT causing increased pain. Today complains of sharp spasm in the right buttock with movement. Medications include Naproxen, Prozac, Prilosec, Norco, Ambien, Fexmid, and Lidoderm Patch. On physical exam inspection of the spine is within normal limits with normal range of motion testing. The muscle strength testing is 5/5 in all major muscle groups. The exam of the left and right pelvis range of motion testing is normal. There is no tenderness on palpation. Special testing of the joint is within normal range. Neurologic testing reveals symmetrical and 2/4 upper and lower deep tendon reflexes. Gait is normal. Sensory testing is intact. The treatment plan includes appeal for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week times 6 weeks for the lower back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG low back, physical therapy (PT)

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

**Decision rationale:** Physical Therapy 2 times a week times 6 weeks of lower back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has exceeded this recommendation already. The physical exam reveals no extenuating findings that require an additional 12 supervised therapy visits. The patient should be well versed in a home exercise program. The request for physical therapy 2 times a week for 6 weeks lower back is not medically necessary.