

<b>Case Number:</b>	CM15-0133202		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/28/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old female who sustained an industrial injury on 9-28-09. Her initial complaint was that she noted a "pop" when she pulling on an inanimate object while performing her job responsibilities. She has a history of a laminectomy in 1978 of the L4-5 spine. She was also noted to have an MLD of L1-2, L5-S1 in 2005 and a lumbar fusion L3-S1 on 12-16-10. The PR-2, dated 5-6-15, indicates that she complained of low back pain. She reported that her symptoms "have increased, specifically in the lower lumbar area and has started radiating out of both sides". Her diagnoses include right sacroiliac dysfunction, lumbar myofascial strain, lumbago, bilateral lower extremity edema, chronic lumbar pain - status post lumbar fusion 12-16-10, lumbar spinal stenosis, lumbar HNP, and lumbar facet arthropathy. The history of treatment included the above-mentioned surgeries, as well as hematoma evacuation following lumbar fusion in 2010, chiropractic treatments, which provided "no relief", transforaminal epidural steroid injections bilateral L2, L3 on 8-5-1 and 12-4-13, and a pulse massager -TENS unit, which provided "temporary relief". She had an MRI of the lumbar spine on 5-6-13. The treatment recommendations included topical medications, oral medications, a right sacroiliac joint injection for treatment of right SI joint dysfunction, and continue to request physical therapy for pelvic stabilization of sacroiliac joint dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times wkly for 10 wks, for pelvic stabilization of sacroiliac joint dysfunction, Qty 20 sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Hip & Pelvis (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in September 2009 and continues to be treated for low back pain. She underwent a lumbar fusion in December 2010. When seen, pain was rated at 5/10. Prior treatments had included four sessions of chiropractic care. She had not tried acupuncture or physical therapy. Physical examination findings included severe lower extremity edema. There was a normal gait. There was increased right paraspinal muscle tone. There was right sacroiliac joint tenderness and positive Fabere, Gaenslen, and thigh thrust testing. Authorization for physical therapy two times per week for 10 weeks for the treatment of right sacroiliitis was requested. In terms of physical therapy for this condition, guidelines recommend up to 9 treatment sessions over 8 weeks. Additionally, the claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of both recommendations and is not medically necessary.