

<b>Case Number:</b>	CM15-0141882		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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:

This injured worker is a 36-year-old male who reported an industrial injury on 10-17-2013. His diagnoses, and or impression, were noted to include: lumbar degenerative disc disease; right lumbosacral facet joint arthropathy; lumbar spondylosis; lumbar degenerative disc disease; right sacroiliitis; and myofascial pain syndrome. No current imaging studies were noted. His treatments were noted to include right sacroiliac joint block (11-18-14); lumbosacral facet joint injections (9-16-14); right lumbosacral para-vertebral facet joint neurolysis via radio frequency on 4-21-2015; and medication management. The progress notes of 5-11-2015 reported pain of the mid and low back that was relieved from right lumbosacral facet joint injection treatment, allowing the ability to perform activities of daily living and relieving her pain. Objective findings were noted to include obesity; an antalgic gait with use of cane and no back brace; moderate tenderness over the right posterior-superior iliac spine and right sacroiliac joints; mild-moderate tenderness to the right lumbar facet joints; mild stiffness to the bilateral lumbar paraspinous; and spasms and guarding with decreased lumbar range-of-motion. The physician's requests for treatments were noted to include physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** The claimant sustained a work injury in October 2013 and continues to be treated for back pain. Treatments have included injections and, when seen, there had been no improvement after lumbar radiofrequency ablation treatment performed the month before. She was having mid and low back discomfort. She was performing activities of daily living with less pain. Physical examination findings included lumbar and right sacroiliac joint tenderness. There was right lumbar facet joint tenderness. There was paraspinal muscle stiffness. Lumbar spine range of motion was decreased and painful there was decreased left knee strength. Authorization for eight sessions of physical therapy was requested. 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 that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.