

<b>Case Number:</b>	CM15-0161006		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

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

### 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 58 year old female, who sustained an industrial injury on 5-05-2014. The injured worker was diagnosed as having possible sacroiliitis right side versus intraspinal disc herniation. Treatment to date has included diagnostics, unspecified physical therapy, electrical stimulation, home exercise, mental health treatment, and medications. An exam (4-24-2015) noted complaints of lumbar spine pain with radiation to her right leg, and at times up to her mid back and right shoulder blade, rated 7 out of 10. An exam of the lumbar spine (4-24-2015) noted decreased range of motion on forward flexion and extension, 4 of 5 strength in the right lower extremity, positive straight leg raise at 20 degrees on the right, "abnormal" and "poor" balance, and positive Faber on right. Magnetic resonance imaging of the lumbar spine (6-15-2015) was documented as showing mild multilevel disc degeneration at L2-3 through L4-5, a 2-3mm posterior disc bulge at L2-3 of undetermined age without significant impingement, a 2mm far left posterolateral disc bulge at L4-5 of undetermined age that resulted in mild left greater than right L4-5 lateral recess stenosis, and a 1-2mm curvilinear annular fissure at the posterior L4-5 disc margin. Electromyogram and nerve conduction studies of the lower extremities were within normal limits. Currently (6-19-2015), the injured worker presented for a follow-up evaluation. Specific complaints were not documented on 6-19-2015. Current medication regimen was not noted. Objective findings documented only that she was pleasant and cooperative during the exam. An examination of the lumbar spine was not documented on 6-19-2015. She was to remain off work. The treating physician stated that previous physical therapy

sessions did not concentrate on a diagnosis of sacroiliitis, however previous physical therapy progress notes were not submitted. The treatment plan included physical therapy for the low back with emphasis on core strengthening, trunk stabilization and neutral spine program, 2x6, non-certified by Utilization Review on 8-07-2015.

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

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

**Physical therapy 2x6 lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS 2009 recommends up to 10 sessions to treat myalgias. The patient was prescribed additional physical therapy exceeding guideline recommendations to focus on a different diagnosis to address low back symptoms. However, the physical examination by the same provider documents weakness in the L5/S1 nerve root distribution and recommends assessment for weakness due to radiculopathy. The medical information contained in the records reveals more than one working diagnoses for which further investigation has been requested. Due to the lack of diagnostic clarity in the medical records, this request for additional therapy to focus on a different pain generator is not medically necessary since the physical examination revealed weakness and findings more consistent with the diagnosis which has already been treated with PT.