

<b>Case Number:</b>	CM15-0166403		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/20/2004
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male, who sustained an industrial injury on 4-20-04. The diagnoses have included lumbago, low back pain, sacroiliac joint dysfunction, shoulder region disease and long-term use of medications. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, chiropractic, massage, injections, and other modalities. Currently, as per the physician progress note dated 7-8-15, the injured worker complains of ongoing low back pain that is increased along with the right shoulder pain. The pain from the back and sacroiliac joint refer down into the groin and cause great pain when he walks. The pain is 9 out of 10 on pain scale without medications and 5 out of 10 with medications. The current medications included MSER, Tylenol #4, Zanaflex, Ketorolac Tromethamine, MS Contin, and Toradol. The objective findings-physical exam reveals tenderness at the lumbar spine, tenderness at the facet joints, crepitus, decreased flexion, decreased extension, decreased lateral bending and decreased rotation. There is tenderness at the bilateral joint line and greater trochanter and there is bilateral crepitus, decreased flexion decreased extension, and pain with flexion. The previous therapy sessions are not noted. The physician requested treatment included Physical Therapy for low back and sacroiliac joint dysfunction, and compressing piriformis muscle areas 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Lumbar 2x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Pelvis: PT.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.