

<b>Case Number:</b>	CM15-0186755		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 47 year old female, who sustained an industrial injury on 5-17-2014. The medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, lumbalgia, sacroiliitis, and lumbar radiculitis. According to the progress report dated 9-9-2015, the injured worker presented with complaints of back pain with radiation into the buttocks and left leg. The pain is described as burning, shooting, electrical, and sharp. On a subjective pain scale, she rates her pain 2 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the left lumbosacral and left sacroiliac joint, mildly reduced range of motion, decreased muscle strength (3 out of 5) in the left lower extremity, and positive straight leg raise test on the left. The current medications are Ibuprofen, Tramadol, and Xanax. Previous diagnostic studies include x-rays and MRI. Treatments to date include medication management and physical therapy (provided a few days of relief before the pain returned). According to the progress note on 8-13-2015, work status was described as temporarily totally disabled. The original utilization review (9-18-2015) had non-certified a request for 18 physical therapy sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar x 18:** Upheld

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

**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 May 2014 and continues to be treated for low back pain with left buttock and left lower extremity pain. The injury occurred while trying to catch a falling patient. When seen, prior physical therapy had provided a few days of relief before her pain returned. Physical examination findings included left lumbosacral and sacroiliac joint and facet tenderness. She had increased pain with lumbar extension and rotation. There was mildly decreased range of motion. Sacroiliac joint testing was positive and there was positive straight leg raising. There was decreased left lower extremity strength and sensation. Authorization was requested for lumbar facet blocks and for physical therapy. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. 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 any more effective than previously. The request is not considered medically necessary.