

<b>Case Number:</b>	CM15-0203472		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 58 year old female, who sustained an industrial injury on 4-20-11. The injured worker is diagnosed with lumbar herniated disc, post lumbar laminectomy, lumbar radiculitis and sacroiliitis. Her work status is temporary total disability. Notes dated 7-22-15 and 9-16-15 reveals the injured worker presented with complaints of moderate, frequent to constant low back pain and lower extremity pain with radicular pain, weakness and numbness to her toes rated at 6-7 out of 10. She reports her activities are limited, sleep disturbance and is in pain with standing and walking. Physical examinations dated 5-6-15, 7-22-15 and 9-16-15 revealed an altered gait and 3+ tenderness to palpation over the sacroiliac joints. The pelvic compression examination and Gaenslen's test are positive. Treatment to date has included medications, which provide relief per note dated 9-16-15, cane for stability and bilateral sacroiliac blocks provided improvement per note dated 3-17-15. Diagnostic studies include lumbar spine CT scan (2014). A request for authorization dated 9-25-15 for physical therapy for the lumbar spine-12 sessions is denied, per Utilization Review letter dated 10-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine (sessions) Qty: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**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 April 2011 when, while pushing an animal cage, two wheels fell off and she fell on her back. She underwent a multilevel lumbar decompression and fusion in November 2012 at L4/5 and L5/S1. When seen, she was having constant low back pain with lower extremity radicular pain and numbness. Pain was rated at 7/10. Physical examination findings included a body mass index over 28. There was an antalgic gait with use of a cane. There was sacroiliac joint tenderness with positive pelvic compression and Gaenslen testing. She had recently undergone bilateral sacroiliac joint blocks in February 2015. Authorization for a sacroiliac joint fusion was being considered. Physical therapy was requested three times per week for four weeks. The claimant is being treated for chronic pain with no new injury with lumbar surgery done more than two years ago. 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 needed or likely to be effective. The request is not medically necessary.