

<b>Case Number:</b>	CM15-0050923		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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(n) 42 year old female, who sustained an industrial injury on 10/31/11. She reported lower back pain that radiates to the left lower extremity. The injured worker was diagnosed as having lumbar radiculitis, thoracic radiculitis, hip bursitis and sacroiliac ligament sprain. Treatment to date has included sacroiliac joint injection, physical therapy, EMG/NCV study and pain medications. As of the post-operative note dated 12/31/14, the injured worker reports 100% relief following the left sacroiliac joint injection on 12/12/14 and is only using Tylenol occasionally for pain. She is still having pain in the lower back and left leg. The treating physician requested physical therapy re-evaluation for the lumbar spine and physical therapy 2 x weekly for 6 weeks, because the injured worker will be better able to participate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy re-evaluation, lumbar spine, per 2/15/15 order Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration; Physical Medicine Page(s): 7; 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** Guidelines recommend physical therapy for several weeks to months with transition to active home active exercise programs. In this case, the patient has had extensive prior experience with PT including 4 recent PT visits for review and reinforcement of a home program. Thus, the request for physical therapy reevaluation and additional 12 physical therapy visits are not medically appropriate and necessary.

**Physical Therapy, twice weekly for 6 weeks, lumbar spine per 2/10/15 order Qty: 12.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration; Physical Medicine Page(s): 7; 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** Guidelines recommend physical therapy for several weeks to months with transition to active home active exercise programs. In this case, the patient has had extensive prior experience with PT including 4 recent PT visits for review and reinforcement of a home program. Thus, the request for physical therapy 2 x weekly x 6 weeks physical therapy visits are not medically appropriate and necessary.