

<b>Case Number:</b>	CM15-0082556		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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

### 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 42 year old female, who sustained an industrial injury on 10/31/2011. Diagnoses have included hip bursitis, sacroiliac ligament sprain/strain, lumbar radiculitis/thoracic radiculitis and lumbar herniated nucleus pulposus (HNP). Treatment to date has included microdiscectomy/laminotomy left L4/5, left sacroiliac joint injection, physical therapy and medication. According to the progress report dated 3/25/2015, the injured worker complained of lumbar spine pain rated 4/10. She complained of constant pain to her left buttock. She reported that pain radiated down the lateral side of both legs. She complained of numbness to the left shin and foot. Physical exam revealed tenderness to palpation across the lumbosacral junction and left sacroiliac joint. There was a positive Faber sign on the left. There was decreased sensation of the left anterior, lateral thigh, lateral leg and foot. There was tenderness to palpation over the bilateral greater trochanter. It was noted that the injured worker had 90% relief from previous sacroiliac joint injection, but her pain was returning to baseline. Authorization was requested for additional physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 12 for the lumbar spine per 3/25/15 request Qty: 12.00:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional physical therapy x 12 for the lumbar spine per 3/25/15 request Qty: 12.00 is not medically necessary and appropriate.