

<b>Case Number:</b>	CM14-0101728		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/14/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an injured worker with chronic low back pain status post L5-S1 laminotomy and discectomy performed on 07-15-2013. Date of injury was 01-14-2012. Progress report dated 10/14/13 documented that the patient had completed 12 sessions of physical therapy. A lumbar spine MRI performed on March 27, 2013 showed multilevel degenerative disc disease and facet hypertrophy. A lumbar L5-S1 epidural steroid injection was performed on April 10, 2014. Progress report dated May 7, 2014 documented subjective complaints of lumbar pain. Objective findings included tenderness of the left sacroiliac joint with full range of motion of the lumbar spine. A left sacroiliac joint SI injection was performed on 5/7/14, and 12 visits of physical therapy were requested. Utilization review determination date was 06-03-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) provide physical therapy (PT) physical medicine treatment guidelines. For sprains and strains of sacroiliac region, lumbar sprains and strains, and intervertebral disc disorders, 10 physical therapy visits are recommended. Medical records document the performance of L5-S1 laminotomy and discectomy on 07-15-2013. Progress report dated 10/14/13 documented that the patient had completed 12 sessions of physical therapy. Progress report dated May 7, 2014 documented tenderness of the left sacroiliac joint with full range of motion of the lumbar spine. A left sacroiliac joint SI injection was performed on 5/7/14, and 12 visits of physical therapy were requested. MTUS and ODG guidelines recommend up to 10 physical therapy visits for lumbosacral and sacroiliac conditions. The request for 12 physical therapy visits exceed MTUS and ODG guideline recommendations. No exceptional factors justifying exceeding guidelines were noted. The request for 12 physical therapy visits is not supported by MTUS and ODG guidelines. Therefore, the request for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS is not medically necessary.