

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0018472 |                              |            |
| <b>Date Assigned:</b> | 02/09/2015   | <b>Date of Injury:</b>       | 05/28/1999 |
| <b>Decision Date:</b> | 07/27/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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 67 year old female, who sustained an industrial injury on 5/28/99. She has reported initial complaints of a low back injury. The diagnoses have included lumbar intervertebral disc displacement, medial epicondylitis, and low back pain. Treatment to date has included medications, activity modifications, surgery, medial branch blocks, epidural steroid injection (ESI), Functional Capacity Evaluation (FCE), aquatic therapy, physical therapy, Transcutaneous electrical nerve stimulation (TENS), trigger point injections, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 9/2/14, the injured worker complains of low back pain and left lower extremity (LLE) pain with numbness and tingling. She states that the pain has increased since her last visit. She is status post epidural steroid injection (ESI) with 50 percent improvement ongoing. She continues to have back stiffness and some pain with range of motion. The physical exam reveals slow and guarded gait and de-conditioned. The lumbar spine exam reveals decreased lumbar range of motion with pain, straight leg raise is positive on the left for radicular signs and symptoms at 45 degrees, Patrick's and Gaenslen's tests were positive for sacroiliac arthropathy, and there is tenderness to palpation over the sacroiliac joints bilaterally. The current medications included Flexeril, Norco, Cyclobenzaprine, Lidocaine ointment, and Lidoderm patches. There is no previous diagnostic reports noted in the records. There is previous physical therapy sessions noted in the records. The physician requested treatment included Physical Therapy for Conditioning and Stabilization after the TFESI QTY: 6.00.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Conditioning and Stabilization after the TFESI QTY: 6.00:** Upheld

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

**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-related injury in May 1999 and continues to be treated for chronic radiating low back pain. Treatments included physical therapy in September 2014. When seen, there was increased low back pain and left lower extremity radicular symptoms. There was sacroiliac joint tenderness and positive straight leg raising. Authorization for a repeat transforaminal epidural steroid injection and physical therapy for spinal stabilization exercises were requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy including strengthening exercises and instruction in a home exercise program. The number of visits requested is in excess of that recommended or what might be needed to reestablish or revise her home exercise program. The request is not medically necessary.