

<b>Case Number:</b>	CM15-0119152		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 36-year-old male who presented with an industrial injury on 5/14/2008 resulting in a diagnosis of spinal stenosis, and subsequently post-surgical arthrodesis, lumbago, sciatica, and chronic pain syndrome. Treatment has included L5-S1 anterior lumbar interbody fusion, right sacroiliac joint fusion with instrumentation which was later removed, medication, right sacroiliac joint injection providing pain relief lasting 8 weeks, physical therapy with 80% reported improvement, aquatic exercises, manual therapy, and home exercises. The injured worker is currently reporting severe lumbar radicular pain and an impairment of strength and function to the lower extremities. The treating physician's plan of care includes 4 low back/right hip physical therapy sessions. He has been given work restrictions, but actual work status is not provided in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back/right hip Qty 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25 and 23.

**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 May 2008 and underwent removal of lumbar fusion hardware and a right sacroiliac joint fusion in October 2014. When seen, he was having stable right hip pain with little improvement since surgery. Physical therapy was exacerbating his symptoms and he had completed 19 treatments since surgery. There was lumbar facet tenderness with decreased and painful range of motion and positive facet loading. There was decreased lower extremity sensation. There was right hip tenderness with negative impingement testing. There was abdominal tenderness with swelling without apparent hernia. His BMI was nearly 30. The claimant is more than six months status post surgery and is being treated under the chronic pain treatment guidelines. He has already had extensive physical therapy including instruction in a home exercise program. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.