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| <b>Case Number:</b>   | CM15-0122513 |                              |            |
| <b>Date Assigned:</b> | 07/06/2015   | <b>Date of Injury:</b>       | 07/24/2014 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2015 |

### 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 70-year-old female who sustained an industrial injury on July 24, 2014. She has reported injury to the right leg, right hip, and left wrist and has been diagnosed with pain in limb, pain in joint pelvic region and thigh, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment has included medications, modified work duty, injection, physical therapy, and psychology sessions. There was decreased range of motion to the lumbar spine with tenderness noted over the SI joints on the right side. There was joint tenderness noted in the hip joint of the right lower extremity. The treatment request included physical therapy for the hip and pelvis and psychology visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for hip/pelvis, QTY: 6. 00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Chapter: Hip and Pelvis (Acute and Chronic).

**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 July 2014 and continues to be treated for right hip and lower extremity pain. When seen, she had completed two physical therapy treatments. There had been improvement after a lumbar epidural steroid injection. She had completed 6 psychology sessions with reported benefit. There was an antalgic gait with poor posture. There was decreased and painful lumbar range of motion. There was lower extremity weakness. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program, which is the stated goal of the request, which was medically necessary.

**Psychology visits, QTY: 6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Mental Illness and Stress, Psychotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Psychological treatment.

**Decision rationale:** The claimant sustained a work-related injury in July 2014 and continues to be treated for right hip and lower extremity pain. When seen, she had completed two physical therapy treatments. There had been improvement after a lumbar epidural steroid injection. She had completed 6 psychology sessions with reported benefit. There was an antalgic gait with poor posture. There was decreased and painful lumbar range of motion. There was lower extremity weakness. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Guidelines allow 13-20 individual sessions over 7-20 weeks, if progress is being made. In this case, the claimant has benefitted from 6 treatment sessions. The number of additional treatments is within the guideline recommendation and can be considered medically necessary.