

<b>Case Number:</b>	CM15-0170071		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	09/09/2004
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old female sustained an industrial injury to the low back on 9-9-04. Previous treatment included L4-5 disc replacement (2007), physical therapy, chiropractic therapy, epidural steroid injections, sacroiliac joint belt and medications. Documentation did not disclose recent magnetic resonance imaging. In the most recent documentation submitted for review, a PR-2 dated 5-27-15, the injured worker complained of severe right sided low back pain with radiation into the buttocks as well as some axial low back pain, rated 9 to 10 out of 10 on the visual analog scale without medications and 5 to 6 out of 10 with medications. The injured worker had received a sacroiliac joint belt but did not know how to use it. The injured worker had difficulty with getting in and out of a deep-seated chair and walking up and down stairs. The injured worker stated that with medications she could to stand, walk and perform activities of daily living with minimal difficulties and could tolerate standing for longer periods of time. Physical exam was remarkable for lumbar spine with exquisite tenderness to palpation to the right superior iliac spine over the sacroiliac joint with flexion at 55 degrees, extension at 20 degrees, right lateral bending at 20 degrees and left lateral bending at 25 degrees and positive right Faber's Gaenslen's, distraction, thigh thrust and compression tests. Current diagnoses included right sacroiliac joint pain, status post artificial disc replacement at L4-5 and history of dural leak following epidural steroid injection. The physician noted that prior physical therapy had only aggravated symptoms. The treatment plan included continuing medications (Oxycodone IR, Gabapentin and Omeprazole), random urine drug screening, right sacroiliac joint injection and physical therapy evaluation and treatment. On 8-12-15, Utilization Review noncertified a request

for physical therapy evaluation and treatment, twice weekly for four weeks noting that the date and duration of prior trial was unclear.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy evaluation, low back area:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The medical records note subjective and objective deficits on clinical examination that would support the request for physical therapy treatments. The request for Physical therapy evaluation, low back area is medically necessary and appropriate.

**Physical therapy treatment, twice weekly, low back area Qty: 8:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The medical

records note subjective and objective deficits on clinical examination that would support the request for physical therapy treatments. The request for Physical therapy treatment, twice weekly, low back area Qty: 8 is medically necessary and appropriate.

**Gabapentin 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Gabapentin is considered first line in the treatment of chronic neuropathic pain. In this case, a review of the medical records is positive for neuropathic pain. The medical records note efficacy with the utilization of this medication. As noted by the MTUS guidelines, Gabapentin dosages range from 900 mg to 3600 mg in three divided doses. The request for Gabapentin 600mg #90 is medically necessary and appropriate.