

<b>Case Number:</b>	CM15-0045024		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 31 year old female, who sustained an industrial injury on 07/21/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical discopathy with radiculitis, right shoulder impingement syndrome, positive lumbar five to sacral one discogram, status post posterior lumbar interbody fusion at lumbar five to sacral one, and retained symptomatic lumbar spine hardware. Treatment to date has included magnetic resonance imaging of the lumbar spine, lumbar hardware block, and above listed procedure. In a progress note dated 07/08/2014 the treating physician reports complaints of constant pain to the low back, cervical spine, and right shoulder with associated symptoms of migrainous headaches and tension between the shoulder blades. The documentation provided did not contain the requests for twelve additional physical therapy sessions and one consult with pain management for lumbar epidural steroid injection and cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

**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 2007 and underwent a lumbar fusion in October 2013. When seen, she was having ongoing low back pain attributed to the fusion hardware. Additional surgery was being considered. Physical examination findings included lower extremity dysesthesias. A diagnostic hardware block was performed with near complete pain relief. Imaging is reported as showing possible hardware loosening. 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 in excess of that recommended and therefore not medically necessary.

**1 consult with pain management for Lumbar epidural steroid injections (LESI) and Cervical epidural injection (CESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work-related injury in July 2007 and underwent a lumbar fusion in October 2013. When seen, she was having ongoing low back pain attributed to the fusion hardware. Additional surgery was being considered. Physical examination findings included lower extremity dysesthesias. A diagnostic hardware block was performed with near complete pain relief. Imaging is reported as showing possible hardware loosening. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has low back pain after surgery and already has been diagnosed with probable hardware failure causing pain, which is her primary complaint. There is no clarification needed and therefore the request was not medically necessary.