

<b>Case Number:</b>	CM13-0016152		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41-year-old male who reported a work-related injury on 07/11/2011, specific mechanism of injury not stated. Subsequently, the patient presents for the following diagnoses, postlaminectomy syndrome of the lumbar region, lumbar stenosis, and lumbar disc displacement. The patient is postoperative patient to the lumbar spine as of 11/19/2012 fusion at L4-5 and L5-S1. The clinical note dated 11/13/2013 reports the patient was seen for follow up under the care of [REDACTED]. The provider documents the patient presents with continued ongoing pain of the low back with ongoing bilateral lower extremity symptoms. The provider documents the patient presents with complaints of intermittent frequent low back and leg pain; however, denies associated numbness and tingling. The provider reported upon physical exam of the patient, no interval changes were noted; midline and abdominal incisions were well healed. The patient had 5/5 motor strength noted throughout the bilateral lower extremities with no sensory deficits noted. The provider documents the patient is unable to return to work since there was difficulty with sitting and bending. The provider is requesting an additional 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy three (3) times a week for six (6) weeks to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The clinical notes document the patient has been utilizing physical therapy interventions postoperatively. The most recent physical exam findings of the patient dated 11/13/2013 do not support continued supervised therapeutic interventions for this patient. The provider fails to document duration or frequency of physical therapy that the patient has utilized recently for his lumbar spine pain complaints. In addition, the clinical note did not indicate the patient had failed with utilization of an independent home exercise program. The patient is status post operative interventions to the lumbar spine of over a year's time. The California MTUS Postsurgical Treatment supports 34 sessions over 16 weeks of physical therapy postoperative to a fusion. It is unclear the definitive number of sessions the patient has utilized to date post operatively. In addition, again noted, significant objective findings of symptomatology were lacking on clinical note dated 11/13/2013, the patient had no motor or sensory neurological deficits evidenced. Given all of the above, the request for physical therapy three (3) times a week for six (6) weeks to lumbar spine is not medically necessary or appropriate.