

<b>Case Number:</b>	CM13-0021261		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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, has a subspecialty in Interventional Spine 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 y.o. female with date of injury 07/20/2011. The request is for 12 additional sessions of physical therapy and this request was denied by utilization review letter (08/26/2013). The rationale was that since surgery was performed, the claimant has reportedly received at least 32 sessions of physical therapy services. Reviews of 08/07/2013 report by [REDACTED] has diagnoses of lumbar radiculopathy and anxiety. The patient has been "complaining of psychological symptoms, which have developed since the orthopedic injury." Physical examination shows tenderness in the paravertebral muscles and spasm. Range of motion is restricted. Reports from 04/18/2013 and 08/01/2013 show that this patient likely had some 24 sessions of post operative therapy following lumbar decompression 12/12/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This patient presents with chronic low back pain and is s/p lumbar decompression 12/12/2012. The request is for 12 additional sessions of physical therapy. Review of the medical records show patient received 12 Post operative physical therapy from 04/18/2013-06/18/2013. Physical therapy reports were not available for review. In addition, QME report by [REDACTED] dated 06/04/2013 states by "03/05/13 she had completed 12 physical therapy sessions". Another QME report from 08/01/2013 states on "06/06/13 she had completed 12 therapy visits with persistent left lower extremity pain and paresthesias". Based on these reports, it appears that the patient already received some 24 Post Op physical therapy treatments. MTUS guidelines recommend 9-10 visits for myalgia and myositis type symptoms. In this case the requested 12 additional therapy sessions would exceed what is recommended by MTUS. The treater does not provide any rationale or progress toward functional goal to warrant additional therapy. Recommendation is for denial.