

<b>Case Number:</b>	CM13-0028388		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/30/2000
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 53 year old male with date of injury on 4/30/00. The current request is for physical therapy 2x6 lumbar spine. Review of the treating physician report dated 8/7/13 indicates the patient underwent lumbar decompression surgery at L4/5 on 8/30/12. The current diagnosis is lumbar degenerative disc disease. Review of the utilization review report dated 9/9/13 indicates that the request for PT 2x6 lumbar was denied based on the patient already having 60 PT visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy 2 times 6, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines, Chapter on Pain Suffering and the Restoration of Function, pg 114; Official Disability Guidelines, Section on Physical Therapy and Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

**Decision rationale:** The patient presents with severe, constant pain affecting the low back and right leg. The treating physician report dated 8/7/13 states that the patient has been attending physical therapy and is taking Norco and Soma. The treating physician states "I also recommend more PT trunk stabilization exercises, another 12 visits." MTUS post surgical guidelines state for (discectomy/laminectomy): 16 visits over 8 weeks \*Postsurgical physical medicine treatment period: 6 months. The patient is well outside of the 6 month post surgical guidelines. The MTUS guidelines for Physical Medicine (PT) state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks, reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for denial.