

<b>Case Number:</b>	CM13-0047938		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 54-year-old male who reported a work-related injury on 07/22/2011; the patient is status post an L4-5 and L5-S1 fusion as of 12/2012. The most recent clinical note submitted for this review dated 10/14/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient's low back pain is less severe status post surgical interventions to the lumbar spine. The provider documents the patient is not ready for physical therapy and a new lumbar spine CT scan was ordered. The patient was to follow-up with a different provider. Upon physical exam of the patient, the provider documents the patient presents with a normal gait and utilizes a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Physical Therapy two times a week for eight weeks for the lumbar spine:**  
Upheld

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

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

**Decision rationale:** The current request is not supported. Given the lack of significant objective findings of symptomatology upon physical exam of the patient in 10/2013, the current request for continued supervised therapeutic interventions is not indicated. At this point in the patient's treatment, an independent home exercise program would be supported, as California MTUS indicates, to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for physical therapy two (2) times a week for eight (8) weeks for the lumbar spine is not medically necessary nor appropriate.