

<b>Case Number:</b>	CM13-0048506		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/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:

This is a 58-year-old male patient with a work-related injury reported on 07/24/2013; the mechanism of injury was not provided within the documentation. The patient reported subjective complaints including pain, impaired range of motion, and impaired activities of daily living. The patient had a diagnosis of lumbosacral spine sprain. The patient previously underwent right lumbar laminectomy at L4 and posterior/anterior fusion at L3-4 with instrumentation. Preoperative findings were a 3 to 4 mm disc protrusion at L1-2, L2-3, and L4-5. A disc protrusion at L2-3 was associated with greater constriction of the thecal sac when the patient was in an upright position. There was no evidence of fracture, of migration of pedicle screws, or connecting rods. There was asymmetrical edema of the L4-5 nerve root, greater on the left than the right. He has attended post-operative therapy and has utilized medications as well as an H-wave device. The office note dated 12/12/2013 indicated the patient did not wish to attend any additional physical therapy. Examination revealed decreased lumbar spine range of motion with 5/5 motor strength in the bilateral lower extremities and no focal neurological deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY 3 TIMES A WEEK FOR 2 WEEKS FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The CA MTUS Guidelines state physical therapy is recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended. The request for outpatient physical therapy 3 times a week for 2 weeks for the lumbar spine is non-certified. The documentation submitted for review indicated the patient has attended prior therapy; however, the clinical information provided did not include an initial physical therapy evaluation with treatment plan to support an improvement from prior therapy. Within the provided documentation, the most recent assessment of the patient's condition was performed on 12/12/2013 and it was noted the patient did not wish to attend any additional therapy. Given that the information submitted for review failed to include a physical therapy initial evaluation with treatment plan, as well as instructions on a home exercise program and the patient did not wish to attend any additional therapy, the request is non-certified.