

<b>Case Number:</b>	CM13-0057078		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/02/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 and Rehabilitation and Pain Management, 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 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:

The patient is a 32 year old male with date of injury 1/2/09. The treating physician report dated 11/5/13 indicates that the patient presents with a chief complaint of lower back pain that was initiated with lifting heavy boxes. The pain is currently rated a 4/10 with medication usage that includes Flector patches, Soma, Tramadol and Gabapentin. MRI report dated 8/14/09 states there is a small right paracentral disc protrusion causing mild right sided neural foraminal and mild central canal stenosis. Lumbar discectomy was performed in May of 2010 and lumbar fusion in September of 2011. The current diagnoses are: 1.Lumbago2.Lumbar radiculitis/radiculopathy3.Lumbar fusionThe utilization review report dated 11/14/13 denied the request for physical therapy twice weekly for 6 weeks based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, TWICE A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The patient presents with chronic lower back pain status post lumbar fusion in 2011. The current request is for physical therapy 2x6 for lumbar spine. The treating physician report dated 11/5/13 indicates that the patient doesn't remember when he last had PT. Review of the medical records shows that the patient received implantation of a spinal cord stimulator on 8/13/13 with T10 Laminectomy. The progress reports dated 9/5/13 and 10/7/13 revealed moderate pain relief with decreased medication usage from the spinal cord stimulator. The MTUS Guidelines are utilized for this review as the patient did not undergo a thoracic surgical procedure that recommends post-surgical physical therapy. MTUS recommends 8-10 sessions of physical therapy for myalgia and neuritis type conditions. The treater in this case does not provide any rationale for PT above and beyond the MTUS guidelines to support the current request. Recommendation is for denial.