

<b>Case Number:</b>	CM13-0060778		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopedic Surgery 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 injured worker is a 29-year-old male who reported an injury on 03/30/2012 after lifting a machine. The injured worker reportedly sustained an injury to his low back. The injured worker underwent an electrodiagnostic study that did not identify any abnormalities. However, after a period of conservative treatment without significant improvement, the injured worker underwent an L5-S1 laminectomy and discectomy. This was followed by a period of postsurgical physical therapy. The injured worker was evaluated on 09/19/2013. It was noted that a request for authorization for fusion had been previously denied. It was noted that the patient's lumbar spine range of motion was significantly impaired secondary to pain. A request was made for physical therapy for the lumbar spine for 24 visits. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY LUMBAR 2X12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The California Medical Treatment and Utilization Schedule, Low Back Complaints.

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

**Decision rationale:** The requested physical therapy of the lumbar spine 2 x 12 is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient previously underwent surgical intervention followed by postoperative physical therapy. The injured worker's most recent clinical documentation does not provide any evidence that the patient is participating in home exercise. It is noted that the patient has significant pain complaints resulting in functional deficits that may benefit from a course of physical therapy. However, Chronic Pain Medical Treatment Guidelines recommends 8 to 10 visits of physical therapy for radiculopathy and myofascial pain. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested physical therapy of the lumbar spine 2 x 12 is not medically necessary or appropriate.