

<b>Case Number:</b>	CM13-0071674		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 50-year-old female with an injury reported on September 12, 2004. The mechanism of injury was not provided in clinical documentation. The clinical note dated January 8, 2014 reported, the injured worker complained of low back pain. The clinical note dated November 5, 2013, reported that the injured worker had tenderness per palpation to lumbar area upon physical examination. The injured worker's diagnoses included status post total disc replacement L5-S1, June 27, 2007; removal of disc replacement with fusion, L4-5 and L5-S1, November 2008 with extension of fusion to L3-4 in January 13, 2012. The request for authorization was submitted on December 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 PHYSICAL THERAPY VISITS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker was reported to suffer from lumbar post laminectomy syndrome, from having undergone total disc replacement at L5-S1 in 2007, subsequent removal

of the disc replacement with fusion at L4-5 and L5-S1 in 2008, and finally extension of the fusion to L3-4 in 2012. The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. It was also noted that the injured worker joined a gym, and reported it had increased her activity tolerance. There is a lack of a recent procedure or diagnosis which would indicate the medical necessity for physical therapy. The requesting physician did not include a full and complete assessment of the injured workers functional condition. The request for twelve physical therapy visits is not medically necessary or appropriate.