

<b>Case Number:</b>	CM14-0004281		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old male who has submitted a claim for recurrent/persistent severe pain of lower back S/P L4-L5 decompressive laminectomy (4/17/2013) associated with an industrial injury date of April 18, 2012. Medical records from June 2012 to October 2013 were reviewed and showed that patient complained of low back pain that radiated down his left lateral thigh and hip. Pain was rated at 8/10. Physical examination showed moderate tenderness over the lumbar spine paravertebral area and sacroiliac joint. There was difficulty noted with toe walk and heel walk on the left due to reproduction of lower back pain on the left. Treatment to date has included oral anti-inflammatory medications, analgesics, surgery and physical therapy. Utilization review dated December 19, 2013 denied the request for physical therapy for lumbar spine because patient has already completed course of post-op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy, he has completed at least 18 sessions post-operatively. Furthermore, there is no objective evidence of functional improvement from previous physical therapy and no new documentation to indicate a re-injury that will warrant additional physical therapy sessions. Therefore, the request for physical therapy for lumbar spine is not medically necessary and appropriate.