

<b>Case Number:</b>	CM14-0100340		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 38 year old male with an injury date of 11/11/11. Based on 06/17/14 progress report, the injured worker presents with bilateral low back pain radiating to his buttocks, right greater than left, lateral calf and lateral side and dorsum of foot. Pain is rated 5/10. Physical examination reveals tenderness to palpation over lumbar spine and decreased range of motion, especially on extension 10 degrees. Per progress report dated 03/18/14, injured worker did not have physical therapy. A progress report dated 05/30/14 states "injured worker had 6 physical therapy visits from 04/07/14 - 05/30/14. "Diagnosis 06/17/14- status post L5-S1 discectomy and laminectomy and cauda equina decompression (11/26/13) per progress report dated 05/30/14 by [REDACTED] - history of L5-S1 disc extrusion- chronic L4-L5 disc protrusion- associated postoperative lumbar muscle strain and myofascial pain. [REDACTED] is requesting Additional Physical Therapy for four visits (x4) lumbar. The utilization review determination being challenged is dated 06/18/14. The rationale is "injured worker had 26 previous sessions of Physical Therapy." [REDACTED] is the requesting provider, and he provided treatment reports from 01/23/14 - 08/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy for Four Visits (X4) Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back- Post-Surgical Page(s): 25,26.

**Decision rationale:** Injured worker presents with bilateral low back pain radiating to his legs, left more than right down to his foot. The request is for Additional Physical Therapy for four visits (x4) lumbar. Injured worker is status post L5-S1 discectomy and laminectomy and cauda equina decompression (11/26/13). Low Back (MTUS post-surgical p25, 26) indicates: "Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks \*Postsurgical physical medicine treatment period: 6 months." The request is close to postoperative time period to utilization review date of 06/18/14. Utilization review letter states injured worker already had 26 previous sessions of physical therapy. However, review of documents show that per progress report dated 05/30/14, injured worker had 6 sessions between 04/07/14 and 05/30/14. Progress report dated 03/18/14 by [REDACTED] states injured worker had no physical therapy as of 03/18/14. Request of 16 additional visits exceeds what is allowed by MTUS guidelines; therefore, the request is not medically necessary.