

<b>Case Number:</b>	CM14-0015904		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	09/24/1980
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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, 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:

This patient sustained an injury on 9/24/1980 while employed by [REDACTED]. Request under consideration include PHYSICAL THERAPY 2-3 X WEEK FOR 4-6 WEEKS FOR THE LUMBAR SPINE. Diagnoses include Sacroiliac joint dysfunction; Lumbar degenerative disc disease/ spondylosis s/p L2 to S1 decompression and fusion (2/11/13); and Myofascial pain. There is an operative report dated 2/11/13 without noted complications and the patient was discharged on 2/14/13. Physical therapy daily report dated 7/23/13 noted the patient has completed 36 PT visits and is doing well. It was noted the patient has done very well with rehab with good understanding of the home exercise program. The patient is walking daily and will continue to improve with time. Report of 1/15/14 from the provider noted the patient is doing well overall; has some residual numbness in the right big toes but not bothersome; has pain on left lower back/upper buttock for several months getting somewhat better/worse with prolonged sitting. Exam showed tenderness to palpation of left lumbar paraspinal and PSIS; positive left Faber's test with decreased L5 dermatome distribution on right. Treatment was to continued with physical therapy. The request for PHYSICAL THERAPY 2-3 X WEEK FOR 4-6 WEEKS FOR THE LUMBAR SPINE was partially-certified for 2x/wk for 3 weeks (Quantity 6 visits) on 1/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 x week for 4-6 weeks for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy; Physical Therapy Page(s): 98-99.

**Decision rationale:** Chronic Pain Guidelines, post-operative therapy allow for 34 visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over 17 months, passed the rehab period of 6 months with report of functional improvement from the 36 PT visits already rendered. The patient had recent certification for an additional 6 sessions to total 42 PT visits, beyond the guidelines recommendation for 34 visits without demonstrated operative complications or extenuating circumstances to allow for further PT beyond the guidelines criteria. Submitted reports have not demonstrated any acute new injuries requiring further therapy as the patient has past the rehabilitation period and should continue with the previously instructed independent home exercise program as noted by the therapist. The physical therapy 2-3 x week for 4-6 weeks for the lumbar spine is not medically necessary and appropriate.