

<b>Case Number:</b>	CM14-0017652		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/02/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational Medicine 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 claimant is an employee of [REDACTED] who filed a claim of low back pain and hip pain associated with industrial injury date of 04/02/2009. Treatment to date includes, lumbar spine CT done on 03/25/2010 which showed posterior decompression of the spinal canal at L3-4 and L4-5, and lumbar fusion failure L3-4, L4-5 done on 10/16/2013. Medications taken include Norco and Soma prescribed in 10/16/2013 Medical records from 2013 were reviewed which revealed low back, bilateral hip and leg pain radiating all the way down towards the feet. Muscle spasms were also noted. His walking limit remains less than a block. Physical examination showed slight limp and a stiff posture. Tip to toe and heel walking cannot be done. Range of motion of the lumbar spine is reduced to less than 30% of normal. Muscle strength is good throughout. Utilization review from February 6, 2014 denied the request of physical therapy 2 times a week for 4 weeks to the back and neck because medical records of the patient is incomplete. There was no history nor complete physical exam, treatment modalities, protocols and outcomes provided for review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A FOR FOUR WEEKS TO THE BACK AND NECK**  
**QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Post Surgical Treatment Guidelines for lumbar fusion recommend physical therapy at 34 visits over 16 weeks. In this case, the patient had lumbar fusion of L3-4, L4-5 in 10/16/13, however medical records did not mention the amount of post operative physical therapy sessions completed to date or functional improvement obtained with such therapy. Additionally, the documentation provided is insufficient for the requested physical therapy. Therefore, the request for physical therapy twice a week for four weeks is not medically necessary and appropriate.