

<b>Case Number:</b>	CM14-0019553		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 Family Practice 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 36-year-old male who sustained an injury to his low back on 08/24/10. The mechanism of injury was not documented. The injured worker underwent an initial regimen of physical therapy with minimal benefit. Plain radiographs of the lumbar spine dated 08/05/13 revealed evidence of prior fusion of the lumbar spine at L4-5 and L5-S1 with bilateral posterior rods and transpedicular screws in place. Postsurgical changes of the lumbar spine with stable alignment and no evidence of hardware fracture; questionable lucency around the right L4 transfer screw which was felt to be artifactual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY AT WALKER W/ EMPHASIS ON STRENGTHENING CORE EXERCISES TO THE POST-OP LUMBAR SPINE, 2 TIMES A WEEK FOR 4 WEEKS:**

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 Intervertebral Disc Disorders Without Myelopathy Page(s): 26.

**Decision rationale:** The records indicate a prior approval for at least 15 postoperative physical therapy visits to date. The California Medical Treatment Utilization Schedule recommends up to 34 visits over 16 weeks for the diagnosed injury; however, the postsurgical physical medicine treatment should not exceed six months. There is no additional significant objective information that would support the need to exceed the CAMTUS recommendations in duration of physical therapy visits. Therefore, given the clinical documentation submitted for review, the request for physical therapy at walker w/emphasis on strengthening core exercises to the post-op lumbar spine, 2 times a week for 4 weeks is not medically necessary and appropriate.

**ADDITIONAL CHIROPRACTIC CARE, 2 TIMES A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The CAMTUS recommends 1 to 2 visits per week for the first two weeks as indicated by the severity of the condition. Treatment may continue at once per week for the next six weeks for a maximum duration of eight weeks. There was no information to indicate the exact amount of chiropractic visits that the patient has completed to date. There is no additional significant objective information that would support the need to exceed guideline recommendations, either in frequency or duration of requested care. Therefore, given the clinical documentation submitted for review, the request for additional chiropractic care, two times a week for four weeks is not medically necessary.