

<b>Case Number:</b>	CM14-0133875		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Texas. 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 medical records reflect the claimant is a 53 year old male who sustained a work injury on 7-15-11. Office visit on 4-3-14 notes the claimant had worsening of signs and symptoms following her surgery on 8-26-13 and has undergone extensive post-op physical therapy to include 13 sessions in addition to medications. The claimant is now progressive motor deficit as well as sensory deficits on examination of 3-19-14. Documentation reflect the claimant is status post L3-L4 and L4-L5 microlaminotomy and discectomy surgery on 8-26-13 followed by post-op physical therapy x 24 sessions, as well as medications and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - physical

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 24 physical

therapy sessions. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed post-op. Therefore, the medical necessity of this request is not established.