

<b>Case Number:</b>	CM14-0135982		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/06/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 is a female patient with the date of injury of June 6, 2007. A Utilization Review was performed on August 12, 2014 and recommended non-certification of physical therapy 2x6. A Supplemental Neurosurgical Report identifies increasing and significant mechanical axial back pain, muscle spasms, and weakness of the legs. The patient is status post posterior spinal fusion along the intertransverse processes and interfacet regions from L4 through S1, utilizing PEEK cages; autograft bone; allograft bone substitute and iliac crest stem cell concentrate; posterior spinal segmental pedicle screw instrumentation at L4, L5, and S1; left transforaminal lumbar interbody fusions at L4-5 and L5-S1; bilateral laminoforaminotomies and microdiscectomies at L3-4; aspiration of bone marrow and peripheral blood from the right posterior superior iliac spine; intradiscal stem cell injections with platelet rich plasma at L3-4; correction of spinal deformity at the L5-S1 spondylolisthesis; and repair of incidental durotomy. The patient did undergo physical therapy approximately six weeks status post-surgery, and reported significant improvement. It is noted the patient would benefit from additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Regarding the request for physical therapy 2 x 6, California MTUS supports up to 34 sessions after lumbar fusion, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, and a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of previous physical therapy. However, the number of prior sessions completed is unknown. In addition, there is no indication of functional improvement with previous sessions. In light of the above, the currently requested physical therapy 2 x 6 is not medically necessary.