

<b>Case Number:</b>	CM14-0020913		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/01/2007
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New Jersey. 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 54-year-old female who reported an injury on 03/04/2008. The mechanism of injury was not provided within the clinical notes. The injured worker's diagnosis included lumbar fusion. The past treatments included 24 sessions of physical therapy to the lumbar spine. There were not official diagnostic imaging submitted for review. The injured worker's surgical history included lumbar fusion at the L5-S1 level. The subjective complaints on 03/20/2014 included low back pain. The physical examination noted sensitivity and lumpy areas on the lumbar spine. It was also noted that the skin is thin in the lumbosacral junction. The injured worker's medications were noted to include gabapentin. The treatment plan was for additional physical therapy sessions. A request was received for additional physical therapy 3 times a week for 8 weeks. The rationale for the request was not provided. The Request for Authorization form was dated 04/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3 times a week for 8 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** The request for additional physical therapy 3 times a week for 8 weeks is not medically necessary. The California MTUS Postsurgical Treatment Guidelines state that postsurgical treatment following lumbar fusion up to 34 visits may be supported. The guidelines also state that additional visits are contingent upon objective functional improvement. There is a lack of documentation in the clinical notes regarding objective functional improvement. Additionally, there was no physical therapy notes submitted for review. Given the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.