

<b>Case Number:</b>	CM14-0023617		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/12/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Internal 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 injured worker is a 49 year old male whose date of injury is 12/12/2005. The mechanism of injury is described as moving luggage on an airplane. The injured worker is status post lumbar laminectomy and discectomy at L5-S1 in 2010. The injured worker underwent anterior lumbar interbody fusion at L5-S1 on 07/08/13. Initial evaluation dated 09/04/13 indicates that pain is rated as 6 to 9/10. Follow up note dated 01/24/14 indicates that medications include Gabapentin, Klonopin, Lunesta, Norco, oxycodone and Terocin. On physical examination lumbar range of motion is limited. Motor strength is normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 3WKS LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information provided, the request for physical therapy for the low back is not recommended as medically necessary. The injured worker underwent lumbar surgery in July 2013; however, there is no comprehensive assessment of postoperative

treatment completed to date or the injured worker's response thereto submitted for review. It is unclear how many sessions of postoperative physical therapy the injured worker has completed to date. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, ongoing physical therapy is not supported by CA MTUS guidelines.