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| <b>Case Number:</b>   | CM14-0023868 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 06/20/2012 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <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 a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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 Physician 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 46-year-old male who reported an injury on 06/20/2012. The mechanism of injury was not provided. The clinical note dated 05/27/2014 noted the injured worker had complaints of low back pain and cramping in the bilateral calves and feet. Prior treatments included medication, physical therapy, and home exercise. Upon examination, there was a slow gait, difficulty with heel and toe walk, limited range of motion in the low back due to pain, tenderness to touch at the bilateral calves, and a straight leg raise elicits pain to the calves bilaterally. The injured worker is status post L5-S1 fusion from 07/26/2013. The provider recommended post-op physical therapy lumbar; however, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PT LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The request for Post-op PT Lumbar is not medically necessary. The California MTUS guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits that have already been completed was not provided. The provider's request did not indicate the duration or frequency of the requested physical therapy. The date of the surgery was 07/26/2013. This exceeds the post-op period for physical therapy. Post-op physical therapy is limited to 6 months post surgery. As such, the request is not medically necessary.