

<b>Case Number:</b>	CM14-0025949		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Illinois. 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 32-year-old who reported an injury on November 1, 2011 due to an unspecified mechanism of injury. On February 4, 2014, she reported low back pain had decreased with activities of daily living, no longer wearing a back brace, no numbness/tingling in the left foot with any other activities, and she noted a 0/10 to 1/10 average pain level, with it going up to 3/10 with school. The physical exam revealed 5/5 strength, improvements with range of motion, and increasing activity levels with decreased complaints of pain. She was noted to be post L4-S1 spinal fusion. She has participated in physical therapy from October 31, 2013 to January 29, 2014 with a total of twelve visits attended. These sessions included biofeedback, aquatic therapy, manual therapy, therapeutic activities, neuromuscular re-education, therapeutic exercises, ultrasound therapy, unattended electrical stimulation, ice/heat, strapping/kinesio taping, and home exercise program. The treatment plan is for continued physical therapy 2x6 on the lumbar. The Request for Authorization Form was signed on February 7, 2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy for the lumbar, twice weekly for six weeks:** 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:** The injured worker was noted to have improvements with previous twelve attended physical therapy sessions. She rated her average pain being a 0/10 to 1/10, going up to a 3/10 with school. It was noted that her current functional limitations were that she was limited with prolonged sitting in class, with increased pain following. California Postsurgical Treatment Guidelines state that 34 visits over sixteen weeks are recommended with a physical medicine treatment period of up to six months. Based on the clinical documentation provided, the injured worker does not have any significant functional deficits to indicate the need for continued physical therapy. Without evidence of existing functional deficits, the request cannot be warranted. The request for continued physical therapy for the lumbar, twice weekly for six weeks is not medically necessary or appropriate.