

<b>Case Number:</b>	CM14-0048534		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 49-year-old male with a date of injury on 2/12/2008. Patient is status post lumbar fusion, laminotomy and foraminotomy on 1/22/2013. Subjective complaints are of persistent low back pain rated 4/10 and left lower extremity pain. Physical exam shows decreased lumbar range of motion, paravertebral muscle tenderness, and positive left straight leg raise test. A lumbar MRI on 2/14/2014 indicated no acute pathology and a solid fusion. Submitted documentation notes that 20 physical therapy sessions had been authorized, with at least eight completed by 6/13. The amount of additional therapy in the interim is not identified, but records from 2/19/14 indicate that patient had completed 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 times a week for 4 weeks (Qty 8) for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

**Decision rationale:** CA MTUS post-surgical therapy guidelines indicate those 34 physical therapy sessions over 16 weeks is recommended after lumbar fusion. For this patient, submitted documentation identifies previous physical therapy and mentions that it was completed. Documentation does not indicate the specific amount of prior therapy and does not present rationale or evidence of specific deficits for which additional formal therapy may be beneficial. Therefore, the medical necessity of additional physical therapy is not established.