

<b>Case Number:</b>	CM14-0068087		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain Management 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:

This patient is a 63-year-old man with a history of back injury from 7/11/13. The patient has a mechanism of injury fall from 8 to 10 feet after losing his balance. He fell to his knees and then ended up in a sitting position. The patient had initial conservative care, including physical therapy (PT), but over the course of 2013, the patient developed progressive symptoms of neurogenic claudication. On 11/26/13, the patient underwent an L4-5 decompression and bilateral foramintomy surgery. The post-operative PT began on 1/29/14. The submitted notes do not indicate how much PT was done prior to the request for additional PT. However, the PT chart notes indicate that as of 2/24/14, the patient had completed 9 out of 12 PT sessions. A request for additional PT was submitted on 3/10/14. The closest medical report to that date is 2/27/14. The patient was improving a little in therapy. The exam showed good motor strength at 5/5, but there was reduced range of motion and significant ongoing pain. The amount of additional PT was not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy (PT) to the lumbar spine unspecified amount:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment.

**Decision rationale:** The CA MTUS, corroborated by the ODG, recommends up to 16 sessions of PT following this type of lumbar surgery. The submitted medical records indicate that the patient had completed 9 of 12 PT sessions, and when additional PT was requested, the amount of additional PT was not indicated. The patient is entitled to at least 16 post-operative PT sessions, however, given a lack of clear clinical detail on the number of sessions completed (and authorized) and an unspecified of additional PT requested, medical necessity is not established for further outpatient PT.