

<b>Case Number:</b>	CM14-0073273		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 & 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 61-year-old male who reported an injury on 09/02/2012, while carrying a person, he fell forwards. The injured worker had a history of lower back pain. The injured worker had a diagnosis of a displaced lumbar intervertebral disc with a partial discectomy at the L4-5 dated 02/15/2013. The MRI that was dated 02/13/2014 revealed degenerative spondylitic changes to the lumbar spine, mild increased signal at the L1-2, with suggestion of a sprain pattern without increase of the interspace, mild broad base left paracentral disc protrusion at L5-S1, a diffuse posterior disc bulge at the L4-5, with a mild left paracentral disc protrusion, a diffuse posterior disc bulge with focal central disc protrusion with inferior extension at the L3-4, and a mild posterior disc bulge at the L1-2 and T12-L1 as detailed. The past treatment included 39 sessions of physical therapy and a lumbar epidural steroid injection of unknown date, along with an abdominal belt. No medications or VAS scale noted. Per the clinical note dated 01/08/2014, the injured worker has had 1 flareup, however, has made progress with physical therapy, is very helpful and is making progress at this point. The treatment plan included physical therapy, 8 sessions, and home therapy. The physical therapy note dated 03/11/2014 revealed objective findings of the posture with a slight right flank and a slight hip flexed posture. Palpation was tender at the L4-5 supraspinatus ligament. Reflexes were equal and bilateral. Sensation in the left lateral leg was diminished. The request for authorization dated 04/08/2014 was submitted with documentation. The rationale for additional therapy was for a safe strengthening routine and for pain reduction.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The request for physical therapy 2 times a week times 1 week is not medically necessary. The California MTUS indicate that postsurgical physical medicine period means a time frame that is needed for postsurgical treatment and rehab services. It begins with the date of the procedure and ends at the date specified for a specific surgery in postsurgical medicine treatment recommendations. Because of the limited benefits of therapy related to massage is open to question whether this treatment acts primarily physiologically or psychologically. Factors may contribute substantially to the benefits observed. The allowed postsurgical treatments are 16 visits over 8 weeks. Per the documentation, the injured worker had 39 visits of physical therapy ranging from 09/19/2012 to 03/11/2014. Currently documentation provided states the injured worker has benefited from the physical therapy. However, there were no special circumstances to warrant additional physical therapy. The 39 sessions of physical therapy completed and the 8 additional sessions requested, exceed the recommended allowed sessions. As such, the request is not medically necessary.