

<b>Case Number:</b>	CM14-0074602		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/04/2004
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Occupational Medicine 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 is a 44-year-old female with a 6/4/04 date of injury when she fell down on the floor on concrete and injured her back. She underwent lumbar spinal surgery with 3-level decompression on 6/27/13. The patient was seen on 3/24/14 with complaints of fatigue and occasional "pinching" in the low back while performing activities of daily living (ADLs). She also reported stiffness of the low back in the morning and 4/10 pain in the lower back. The progress note indicated that she accomplished 18 physical therapy (PT) sessions to date and was continuing to exercise at home. Exam findings revealed normal gait, stiffness with lumbosacral flexion, extension and bilateral side bending and "pinching" with left lumbosacral rotation. There was tenderness to palpation in the lumbosacral area and decreases range of motion in the lumbar spine. The progress note indicated that the patient reached plateau in PT and will be discharged from PT to transition into an independent home exercise program. The diagnosis is status post-lumbar surgery, degeneration of lumbosacral disc and lumbago. Treatment to date: lumbar spine decompression, work restrictions, 29 sessions of PT, home exercises program and medications. An adverse determination was received on 5/21/14. The request for PT two times six for the lumbar spine was modified to 6 sessions. The patient accomplished 29 sessions of PT post-operatively and additional 6 sessions were allowed to transition into home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times six (6) for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114);.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, post-surgical treatment guidelines (fusion) allow 34 visits over 16 weeks. The UR decision dated 5/21/14 modified the request for physical therapy two times six for the lumbar spine to 6 sessions. The patient accomplished 29 sessions of physical therapy post-operatively and additional 6 sessions were allowed to transition into a home exercise program. In addition, the patient was discharged from physical therapy to transition into an independent home exercise program. There is no rationale with regards to the patient's need for extended physical therapy treatment. The request for physical therapy two (2) times six (6) for the lumbar spine is not considered medically necessary.