

<b>Case Number:</b>	CM14-0080432		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Orthopedic Surgery 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:

The claimant is a 35-year-old gentleman who was injured on March 5, 2012 sustaining injury to the low back. The mechanism of injury was not documented. The records do indicate a surgical process of November 5, 2013 where the claimant underwent a lumbar fusion at the L5-S1 level with hardware. The current clinical records for review include a May 22, 2014 followup report indicating ongoing and persistent complaints of pain since surgical intervention. Recent radiographs demonstrate boney fusion. Physical examination findings showed a well healed incision, ambulating with an antalgic gait, tenderness to palpation of the lumbar paravertebral musculature and diminished range of motion. Records indicate the claimant has already undergone a significant course of postoperative physical therapy. There is a current request for twelve additional sessions of physical therapy at present given the claimant's ongoing clinical findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operation Physical Therapy for Lumbar Spine 3X4:** 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 Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy in this individual would not be indicated. Guidelines following lumbar fusion would support physical therapy for thirty-four sessions over a sixteen week period of time with postsurgical physical medicine treatment period of six months. This individual has already exceeded guideline criteria for timeframe from fusion and postsurgical medical treatment window. It would be unclear at this subacute stage from surgical course as to why advancement to a home exercise program would not be appropriate. The request is not medically necessary.