

<b>Case Number:</b>	CM14-0189377		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Surgeon and is licensed to practice in South Carolina and Georgia. 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 44-year-old female who reported an injury on 08/12/2013 due to an unknown mechanism. Diagnoses were musculoligamentous sprain/strain, lumbosacral spine, retrolisthesis L4-5 and L5-S1, with marked degenerative disc disease at L5-S1, with neural foraminal stenosis, and progressive neuro deficits. Past treatment included medications, acupuncture, epidural steroid injections, and physical therapy. There were no diagnostic studies submitted postoperatively. The injured worker is status post anterior lumbar decompression and instrumented fusion at the L4-5 and L5-S1 with allograft bone, interbody cage, and anterior lumbar plating. Physical therapy note dated 08/20/2014 revealed left lower extremity active range of motion was within functional limits. Right lower extremity active range of motion was within functional limits. Left lower extremity strength was 3/5, and right lower extremity strength was 3+/5. Bilateral upper extremity active range of motion was within functional limits. Left upper extremity strength was 4/5, right upper extremity strength was 4/5. Light touch for the left lower extremity was decreased compared to the right, and right lower extremity sensation was intact. The injured worker was able to ambulate without using any devices. Overall gait was decreased cadence, wide base of support. The injured worker's impairments or limitations were reported as ambulation deficits, balance deficits, bed mobility deficits, decreased knowledge of proper body mechanics, endurance deficits, pain limiting function, safety awareness deficits, strength deficits, and transfer deficits. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The decision for physical therapy 2 x 6 lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. There is a lack of documentation regarding the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The amount of physical therapy visits that have already been completed was not provided. There was no other clinical documentation available for review except one postoperative physical therapy report dated 08/20/2014. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. In addition, the rationale for the submitted request was not provided. Therefore, this request is not medically necessary.