

<b>Case Number:</b>	CM14-0211885		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/10/2003
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

### 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 61 yo male who sustained an industrial injury on 10/10/2003. His diagnosis is chronic low back pain status post lumbar fusion. He continues to complain of low back pain. On physical exam there is decreased range of lumbar motion and a positive Faber's test. Treatment in addition to surgery has included medical therapy including opiates, physical therapy, chiropractic treatment, and epidural steroid injection therapy. The treating provider has requested Physical Therapy for the lumbar spine: 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is recommended post back surgery. An initial course of therapy may require additional sessions if there is documented functional improvement. With evidence of functional improvement a

general course of care includes 34 sessions over 16 weeks. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The documentation indicates the claimant has completed 24 sessions of physical therapy with no documented evidence of functional improvement. There has been no documented improvement in activities of daily living or reduction in work restriction or a reduction on continued medical treatment. Medical necessity for the requested 12 physical therapy sessions has not been established. The requested service is not medically necessary.