

<b>Case Number:</b>	CM14-0045261		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 45 year old male with an injury date on 3/15/11. The patient complains of constant, stabbing low lumbar pain rated 8/10 on VAS scale, with pain shooting down to bilateral legs with numbness/tingling in the right foot per 1/15/14 report. The patient had a previous L-spine surgery in 2011 but the pain continued to persist according to the patient per 1/15/14 report. The patient states that he has frequent swelling with prolonged walking per 12/2/13 report. Based on the 1/15/14 progress report provided by the treating physician, the diagnosis is s/p L-spine fusion L5-S1. A physical exam on 1/15/14 showed "L-spine range of motion is limited with flexion at 15% of normal." The patient's treatment history includes medications, home exercise program, physical therapy, aquatic therapy (2 sessions). The treating physician is requesting physical therapy for the lumbar spine 12 visits. The utilization review determination being challenged is dated 3/18/14 and denies request as prior 7 sessions of physical therapy were not documented as beneficial. The requesting physician provided treatment reports from 8/15/13 to 1/15/14.

### 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 visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25, 26.

**Decision rationale:** This patient presents with lower back pain, bilateral leg pain, right foot pain and is s/p L-spine fusion from 10/10/13. The treater has asked for physical therapy for the lumbar spine 12 visits on 1/15/14. The patient went to the emergency room for "intractable pain" on 12/21/13 per 12/24/13 report. The utilization review letter dated 3/18/14 report states the patient had 7 prior physical therapy sessions but they are dated after the 1/15/14 requesting progress report. Review of reports from 11/26/13 to 1/15/14 does not show evidence the patient has yet begun physical therapy. MTUS Postsurgical Treatment Guidelines for L-spine fusion allow 34 visits over 16 weeks within a treatment period of 6 months. In this case, the patient has continued back pain following a lumbar fusion and there is no record of postsurgical physical therapy. The patient appears unable to begin his physical therapy, as a recent exacerbation of lumbar pain led to an emergency room admission in December 2013. As the patient has not had prior therapy, the requested 12 sessions of physical therapy are reasonable for patient's continued deficits and postsurgical rehabilitation. The request is medically necessary.