

<b>Case Number:</b>	CM14-0055803		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/05/1996
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 60-year-old female, with a reported date of injury of 10-05-1996. The diagnoses include status post lumbar spine surgery and fibromyalgia. The medical report dated 11-08-2013 indicates that the injured worker had a history of lumbar spine pain syndrome, radiculopathy, and discogenic disease. It was noted that the injured worker underwent lumbar spine surgery at L4-5 levels. The injured worker's current complaint included a significant amount of lumbar pain syndrome postoperatively with nausea. It was noted that the injured worker had been started on a PCA (patient controlled analgesia) pump for pain control. The physical examination showed a surgical incision wound in the back with dressing and gauze. The medical records did not include the total amount of physical therapy sessions already completed or copies of the previous physical therapy reports. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Cymbalta, Naproxen, Soma, and lumbar surgery and fusion. The treating physician requested additional post-operative physical therapy sessions two times a week for six weeks for the low back. On 04-16-2014, Utilization Review (UR) non-certified the request for additional post-operative physical therapy sessions two times a week for six weeks for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue post-op physical therapy sessions 2x a week for 6 weeks for the low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** Continue post-op physical therapy sessions 2x a week for 6 weeks for the low back is not medically necessary per the MTUS Guidelines. The MTUS recommends a transitioning of therapy to an independent home exercise program. The documentation is not clear how much prior therapy this patient has had and the outcome of this therapy. Without this information, additional therapy is not medically necessary.