

<b>Case Number:</b>	CM15-0008429		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 56 year old male, who sustained an industrial injury on November 25, 2008. The diagnoses have included status post revision fusion with stage anterior lumbar interbody fusion and removal of pseudarthrosis with stage II hardware removal of L5-S1 of pedicle screw and hemilaminotomy foraminotomy of L4-L5 status post lumbar epidurals. Treatment to date has included physical therapy. Currently, the injured worker complains of low back pain. In a progress note dated December 11, 2014, the treating provider reports examination of the spine revealed decreased range of motion, some weakness, some decreased senses and straight leg raising elicited a posterior thigh pain with a stretching/pulling sensation bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4:** Upheld

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

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

**Decision rationale:** Physical Therapy 2 x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of PT for this condition. The patient has had 24 prior PT sessions. The patient should be well versed in a home exercise program. There are no objective documents from prior PT sessions indicating evidence of functional improvement. Additionally, the request does not specify a body part for the physical therapy. For all of these reasons the request for physical therapy 2 x 4 is not medically necessary.