

<b>Case Number:</b>	CM15-0009433		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female with an industrial injury dated 04/05/2010. On 11/26/2014 the injured worker had complaints of constant, sharp pain in the low back with stiffness. On a scale of 1-10 she rated the pain at 9/10. Lumbar spine was tender on exam. Range of motion was limited. Prior treatments include lumbar fusion in March 2014, medications, physical therapy, TENS unit. The injured worker had MRI of lumbar spine on 02/10/2011, 01/12/2013 and 02/27/2014. Electro diagnostic studies of the lower extremities done on 12/03/2014 shows a chronic left lumbar 5 nerve root impingement and a chronic left sacral 1 nerve root impingement. The injured worker had a left total knee arthroplasty in 2009. She also received comprehensive rehabilitation. Diagnoses was status post lumbar spine fusion, status post left total knee replacement for previous injury, status post right total knee replacement and contusion/sprain of the hip. On 12/17/2014 the request for physical therapy two times a week for six weeks ,lumbar area was non-certified by utilization review. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times 6 to Lumbar:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 04/05/2010. The medical records provided indicate the diagnosis of status post lumbar spine fusion, status post left total knee replacement for previous injury, status post right total knee replacement and contusion/sprain of the hip. The medical records provided for review do not indicate a medical necessity for Physical Therapy 2 times 6 to Lumbar. The medical records indicate she has had 42 sessions. Additional 12 sessions will bring it to a total of 54, which is greater than the greatest number of physical therapy after spinal surgery: Fracture of vertebral column with spinal cord injury (ICD9 806): Postsurgical treatment: 48 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months Fracture of vertebral column without spinal cord injury (ICD9 805): Postsurgical treatment: 34 visits over 16 weeks Postsurgical physical medicine treatment period: 6 months Intervertebral disc disorder with myelopathy (ICD9 722.7): Postsurgical treatment: 48 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months. The requested treatment is not medically necessary and appropriate.