

<b>Case Number:</b>	CM15-0104314		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/24/1996
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 4/24/96. Initial complaints were not reviewed. The injured worker was diagnosed as having radiculitis; status post lumbar fusion/instrumentation. Treatment to date has included status post multi-level lumbar fusion/instrumentation L4-L5 and L5-S1 (10/23/14); physical therapy; medications. Diagnostics included X-rays lumbar spine 4/14/15. Currently, the PR-2 notes dated 3/20/15 are hand written and difficult to decipher. These notes indicated the injured worker is in this office as a follow-up since his multi-level lumbar fusion/instrumentation L4-L5 and L5-S1 on 10/23/14. The notes indicate he is doing better but did not get to physical therapy. Pain levels are down a little with left hip pain. The provider explains that physical therapy is especially important at this time to avoid soft tissue entrapments of nerves and spinal segments by scar tissue development. The injured worker was informed that he must remobilize or jeopardize intractable fibrosis. X-rays of the lumbar spine on 4/14/15 reveal early signs of fusion and instrumentation at L4-L5 and L5-S1. The "plan" outlines on the report notes the injured worker will be referred for physical therapy to improve his musculoskeletal discomfort and continue his current pain medications. His treatment plan included refills of medications and a request for physical therapy 16 sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x wk x 8 wks Lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work injury in April 1996. He underwent a multilevel lumbar spine fusion in October 2014. When seen, there had been significant relief of leg pain. He was having mild low back pain. Physical examination findings included mild mid lumbar spine discomfort with palpation. There was a normal gait. Imaging results were reviewed showing expected postoperative findings. Pain medications were continued and he was referred for physical therapy. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 34 physical therapy visits over 16 weeks although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the claimant has minimal complaints or physical examination findings and his surgery was uncomplicated. The number of visits appears in excess of what would be needed to treat his residual impairments and establish an effective home exercise program. The request is not considered medically necessary.