MAXIMUS Federal Services

| Case Number: | CM15-0106968 | | |
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| Date Assigned: | 06/11/2015 | Date of Injury: | 05/22/2013 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 49 year old male, who sustained an industrial injury on May 22, 2013, incurring low back injuries from prolonged standing as a traffic controller. He was diagnosed with lumbar disc disease, and herniated lumbar discs. He underwent a lumbar micro-discectomy in November 2014. Treatment included physical therapy, anti-inflammatory drugs, work restrictions, and pain management. Currently, the injured worker complained of continuous low back pain and stiffness and residual numbness in the lower extremity with limited range of motion. The treatment plan that was requested for authorization included physical therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 12 sessions:** Upheld

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

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

**Decision rationale:** The patient has low back pain, as per progress report dated 04/30/15, and is status post L4-5 and L5-S1 hemilaminectomy and microdiskectomy on left, as per operative report dated 11/10/14. The request is for 12 SESSIONS OF PHYSICAL THERAPY. The RFA for the case is 05/15/15, and the patient's date of injury is 05/22/13. The patient is status post right knee surgery as well. Diagnoses, as per progress report dated 11/06/14 prior to the surgery, included lumbosacral strain, herniated disc at L4-5 and L5-S1 on the left, and lesion within the body of L5. The patient has been allowed to return to return to work with restrictions, as per progress report dated 04/30/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." As per progress report dated 04/30/15, the patient "has been participating in a land-based postoperative physical therapy program but he is continuing to experience low back symptoms and, therefore feels that he requires more therapy." The patient also underwent pool-based therapy prior to the land-based therapy, as per progress report dated 01/29/15. In an appeal letter dated 06/01/15 after the UR denial date, the treater states that every time the patient's strengthening exercises are increased, he develops "some low back pain." Hence, he may benefit from additional therapy. However, the reports do not document the number of sessions the patient has completed in the past. The RFA for this case is dated 05/15/15 indicating that the patient is not within the post- operative time frame of six months. MTUS allows for only 8-10 visits of PT in non-operative cases. Hence, the request for 12 PT sessions IS NOT medically necessary.