

<b>Case Number:</b>	CM15-0147411		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 26 year old male with a June 7, 2013 date of injury. A progress note dated June 18, 2015 documents subjective complaints (lower back pain), objective findings (decreased range of motion of the lumbar spine; paraspinal muscles minimally tender to palpation; incision well healed; decreased sensation in the right lateral leg), and current diagnoses (lumbar radiculopathy; herniated nucleus pulposus syndrome). Treatments to date have included lumbosacral discectomy and decompression and right sided with laminoplasty and medications. The treating physician documented a plan of care that included twelve session of physical therapy 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 for the lumbar spine, quantity: 12 sessions: Upheld**

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

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

**Decision rationale:** This injured worker receives treatment for chronic low back pain. This relates back to an industrial injury on 06/07/2013. The patient has failed back syndrome, having had an L5-S1 R sided discectomy and decompression with laminoplasty on 08/20/2013. This review addresses a request for 12 additional PT sessions. On exam this is minimal paralumbar muscle tenderness, the gait is normal, and the SLR testing is normal at 90 degrees. The gait is normal. There is diminished sensation on the lateral R leg and the reflexes are normal. The patient had a number of PT post-operatively; however, this was not clearly documented. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any recent post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically indicated or necessary.