

<b>Case Number:</b>	CM15-0163209		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/17/2006
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, Hawaii

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:

This is a 39 year old male with a January 17, 2006 date of injury. A progress note dated July 16, 2015 documents subjective complaints (bilateral pelvic, bilateral sacroiliac, bilateral buttock, right leg, right knee, right calf, right ankle, and right foot pain; pain rated at a level of 6 out of 10; numbness and tingling of the right hip, right buttock, right leg, right knee; right lower leg, right ankle, and right foot; dizziness; insomnia; anxiety and stress), objective findings (moves slowly due to pain; severe difficulty changing from standing and seated position; decreased range of motion of the lumbar spine; Kemp's positive bilaterally; sitting root positive on the right; Braggard's positive on the right; palpable tenderness at the lumbar, bilateral sacroiliac, bilateral buttock, sacral, bilateral legs, bilateral knees; bilateral calves; bilateral ankles, and bilateral hips), and current diagnoses (lumbar intervertebral disc disorder with myelopathy; sciatica). Treatments to date have included lumbar spine discectomy and fusion, medications, and imaging studies. The treating physician documented a plan of care that included six sessions of postoperative physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physiotherapy 2x3: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the left pelvic, sacral, bilateral pelvic, bilateral sacroiliac, bilateral buttocks, right posterior leg, right posterior knee, right calf, right ankle and right foot. The current request is for Post op physiotherapy 2x3. The treating physician report dated 7/16/15 (68B) states, "Post op physiotherapy 2x3 with aggressive core stabilization program. (Patient's last active treatment has been over 1 year)". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. The patient's most recent surgical procedure was a lumbar discectomy on 2/23/2013. This is beyond the time frame for consideration under the CA post-operative guidelines. In this case, the patient has received an unknown number of visits of physical therapy to date and therefore it is unclear if the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there is no discussion of functional improvement from prior physical therapy nor was there any rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the current request does not specify what body part(s) is/are to be addressed during therapy. The current request is not medically necessary.