

<b>Case Number:</b>	CM15-0183401		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Emergency 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 44-year-old male, who sustained an industrial injury on 10-7-14. He reported pain in the neck, shoulder, low back, and knees. The injured worker was diagnosed as having degenerative lumbar or lumbosacral intervertebral disc and lumbago. Treatment to date has included a L4-S1 epidural steroid injection, physical therapy, acupuncture, chiropractic treatment, TENS, and medication including Naproxen. Physical examination findings on 8-13-15 included decreased lumbar range of motion in all directions with pain. A straight leg raise was positive on the right with motor weakness in the right L4 dermatome. Sensation was intact and gait was noted to be antalgic. Currently, the injured worker complains of low back pain with numbness in the bilateral upper thighs or knees with radiation to the upper back. On 8-19-15 the treating physician requested authorization for post-operative physical therapy 3x3 for the lumbar spine. On 8-21-15 the request was modified; the utilization review physician noted "this patient has already had physical therapy in the past and it is unclear from the documentation how many sessions. In addition, the guidelines only support 1 or 2 sessions after epidural steroid injection." The request was modified to certify a quantity of 2 physical therapy sessions over 1 week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy three times a week for three weeks for the lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Physical Therapy.

**Decision rationale:** The requested Post-operative physical therapy three times a week for three weeks for the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit and recommend 1 to 2 physical therapy sessions after injection. The injured worker has low back pain with numbness in the bilateral upper thighs or knees with radiation to the upper back. On 8-19-15, the treating physician requested authorization for post-operative physical therapy 3x3 for the lumbar spine. On 8-21-15, the request was modified; the utilization review physician noted "this patient has already had physical therapy in the past and it is unclear from the documentation how many sessions. In addition, the guidelines only support 1 or 2 sessions after epidural steroid injection." The treating physician has not documented the medical necessity for post-injection therapy beyond recommended two sessions. The criteria noted above not having been met, Post-operative physical therapy three times a week for three weeks for the lumbar spine is not medically necessary.