

<b>Case Number:</b>	CM15-0023631		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury reported on 10/4/2010. He reported for follow-up of the 11/5 versus 6/2014 computed tomography scan of the lumbar spine that revealed limited fusion of the prosthesis at lumbar 4-5 and lumbar 5 - sacral 1, and a left pedicle screw of sacral 1 transverses along the left lateral recess at superior portion of sacral 1. Treatments to date have included consultations; diagnostic imaging studies; 7/21/14 lumbar surgery with pre-surgical clearance, in-patient physical therapy and post-surgical physical therapy, as well as home health physical therapy; a front-wheel walker; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled on a combined physical and psychological basis. On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/14/2015, for an additional 34 physical therapy treatments, over 16 weeks, for the lumbar spine. The Medical Treatment Utilization Schedule, post-surgical rehabilitation/ physical medicine, low back, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**34 Physical Therapy Treatments over 16 Weeks for Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 58.

**Decision rationale:** Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. 34 Physical Therapy Treatments over 16 Weeks for Lumbar Spine is not medically necessary.