

<b>Case Number:</b>	CM15-0221755		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55-year-old female who sustained an industrial injury on 1-7-2011 and has been treated for disc degeneration L5-S1, persistent mechanical back pain, and as of 9-30-2015 she was six months status post left L5-S1 laminoforaminotomy and discectomy dated 4-6-2015. On 9-30-2015 the injured worker reported "significant" upper and lower back spasms which she is said to be "working through" with her present course of physical therapy. She also reported occasional right leg pain with increased activity and exercise. Objective findings include extensor hallucis longus muscle weakness, and tenderness to palpation of the distal lumbar spine midline. Documented treatment includes at least 12 sessions of physical therapy, Naprosyn, Flexeril, and Percocet. The treating physician's plan of care includes an additional 12 sessions of physical therapy which were non-certified on 10-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional physical therapy (PT) visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Per the documentation submitted for review, the injured worker has attended 24 sessions of physical therapy postoperatively. She is status post left L5-S1 laminoforaminotomy and discectomy 4/6/15. At this point, the injured worker should have been transitioned to a self-directed home based therapy. The documentation lacked any exceptional factors, which would warrant further physical therapy. The request is not medically necessary.