

<b>Case Number:</b>	CM15-0030858		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old female, who sustained an industrial injury on 01/11/2011. She has reported low back pain. The diagnoses have included lumbar stenosis; lumbar herniated disc; and lumbar degenerative disc disease. Treatment to date has included medications, physical therapy, and surgical interventions. Surgical intervention has included an L4-L5 anterior lumbar discectomy and decompression; and an L4-L5 anterior lumbar implantation of artificial disk replacement, performed on 12/16/2014. An evaluation with a treating provider, dated 01/26/2015, documented the injured worker as being status post disc replacement. The treating physician noted the injured worker to be doing remarkably well. The treatment plan includes the request for physical therapy 1 time a week for 18 weeks for the lumbar spine. On 02/06/2015, Utilization Review modified a prescription for Physical therapy 1 time a week for 18 weeks for the lumbar spine, to Physical therapy 1 time a week for 3 weeks for the lumbar spine. The CA MTUS was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of Physical therapy 1 time a week for 18 weeks 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 1 time a week for 18 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has had 52 authorized sessions of physical therapy without documented improvement in pain or function. There is no indication of why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.