

<b>Case Number:</b>	CM15-0047057		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 63-year-old male who sustained an industrial injury on 05/15/12. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, Epidural Steroid Injections, and back surgery. Diagnostic studies include MRI and nerve conduction studies. Current complaints include back pain. In a progress note dated 02/02/15, the treating provider reports the plan of care as additional physical therapy. The requested treatment is additional postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op physical therapy sessions 3 times a week for 4 weeks, total 12 sessions, for lumbar spine:** Upheld

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

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

**Decision rationale:** This 63 year old male has complained of low back pain since date of injury 5/15/12. He has been treated with lumbar spine surgery, physical therapy, epidural steroid

injections and medications. The current request is for additional physical therapy sessions 3 times a week for 4 weeks, total 12 sessions, for lumbar spine. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia, myofascial pain and radiculitis. The submitted medical documentation indicates that the patient has already received this amount of passive physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 12 sessions of passive physical therapy is not indicated as medically necessary.