

<b>Case Number:</b>	CM15-0089394		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 September 15, 2012. Previous treatment includes lumbar fusion, medications, physical therapy, bracing, epidural steroid injection, activity modification, chiropractic therapy and discography. Currently the injured worker complains of mid to low back pain. On examination the injured worker had a negative straight leg raise test bilaterally, diminished sensation in the right leg and 4+/5 motor strength in the lower extremities. The injured worker's range of motion was limited and he had tenderness to palpation over the lumbar spine. Diagnoses associated with the request include L5-S1 anterior/posterior fusion with resolved bowel and bladder symptoms, improving leg pain and residual back pain. The treatment plan includes physical therapy to help reduce pain and increase range of motion and Percocet, Xanax, Soma and Senna.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 for Lumbar Spine:** Upheld

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

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

**Decision rationale:** The patient presents with current complaints of mid to low back pain with limited ROM and tenderness to palpation over the lumbar spine. Diagnoses associated with the request include L5-S1 anterior/posterior fusion with resolved bowel and bladder symptoms, improving leg pain and residual back pain. The current request is for Physical therapy 2 x 6 for the lumbar spine. The UR dated 4/9/15 (11A) modified the request and certified Physical Therapy x 2. The UR author commented that “due to persistent low back pain and exam that reveals decreased ROM; modification of request to allow for 2 PT visits IS medically necessary to address residual issues, re-transition and compliance assessment with a prescribed and self-administered protocol.” MTUS guidelines indicate that Physical Therapy is recommended: 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. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, there have been 12 post-op PT and 19 post-op aqua therapy visits for a total of 30 PT. The limited historical clinical documentation does not offer substantial current medical documentation, nor do the clinical records reviewed provide any compelling reason to perform additional PT. Thus, without any documentation provided in the reports to indicate that the patient has suffered a new injury and/or no new diagnosis to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary and the recommendation is for denial.