

<b>Case Number:</b>	CM14-0122110		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old patient had a date of injury on 7/5/2012. The mechanism of injury was trying to turn the crank on his trunk when he felt a pull in his lower back. In a progress noted dated 6/10/2014, subjective findings included low back pain radiating to his legs with weakness and tingling in lower extremities. The patient has not responded to conservative treatment including physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medications and epidural injections. On a physical exam dated 6/10/2014, objective findings included tenderness to palpation of lumbar spine, guarding and spasms noted over paravertebral region bilaterally. The physician is requesting lumbar laminotomy at L3-L4 and L4-L5 levels. There were trigger points noticeable in the lumbar paraspinal muscles bilaterally. The diagnostic impression shows lumbar degenerative disc disease at L3-4 and L4-5, lumbar disc protrusion at L3-4 and L4-5, lumbar stenosis. Treatment to date includes medication therapy, behavioral modification, and physical therapy. A UR decision dated 7/2/2014 denied the request for physical therapy #12 sessions, stating that the request has been modified to 6 postoperative physical therapy visits for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACCOEM), 2nd Edition, (2004) page 114 and on the Official Disability Guidelines (ODG) Low Back Chapter

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. Official Disability Guidelines recommends 16 visits over 8 weeks for post-surgical treatment of intervertebral disc disorders. In a progress note dated 6/10/2014, the patient claims to have failed all conservative treatments including medications and physical therapy in the past. Due to this fact, an initial course of 12 postoperative visits would not be necessary, and a shorter course of post-operative physical therapy with objective functional improvements would be more appropriate to justify further treatments. Therefore, the request for 12 sessions of physical therapy for the lumbar spine is not medically necessary.