

<b>Case Number:</b>	CM14-0128119		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/06/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 55 year old female with a reported date of injury of June 06, 2007. The mechanism of injury and occupation was not indicated in the provided documentation. Diagnoses was of lumbosacral (joint) (ligament) sprain (846.0), displacement of lumbar intervertebral disc without myelopathy (722.10 and thoracic or lumbosacral neuritis or radiculitis unspecified (724.14). A Neurosurgical office visit note, dated June 20, 2014, indicates the injured worker has been attending postoperative physical therapy, with benefit reported. The injured worker is status post lumbar spine surgery on December 11, 2013. Complaints as of this office visit are ongoing pain and stiffness to her lumbar spine that radiates to both legs with numbness and tingling that is worse on the left. She reports continued improvement since surgery. She walks with an antalgic gait on the left, there is tenderness to palpation over the paraspinous region with spasms present, range of motion of the lumbar spine is limited, straight leg raises are positive on the left at fifty degrees and on the right at sixty degrees, sacroiliac strain testing is negative. The treating physician requests continued physical therapy at two times per week for six weeks. The injured worker is not working as of this office visit. Prior utilization review denied request to continue PT12 visits on July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONT PT 12 VISITS:** 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 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache and 16-34 PT visits over 8-16 weeks post-surgical treatment of discectomy/laminectomy and fusion respectively. CA MTUS guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.