

<b>Case Number:</b>	CM14-0083669		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Family Medicine, and is licensed to practice in Texas and Mississippi. 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:

The injured worker is a 61 year old male who reported an injury on 05/10/2010 after he felt back pain following sitting down. Diagnoses included lumbar pain. Past treatment included medication. Diagnostic studies included an MRI of the lumbar spine, the date and results of which were not provided. Surgical history, subjective complaints and physical exam findings were not provided. The clinical note dated 05/20/2013 listed medications as Vicodin and NSAIDs. The treatment plan included postoperative physical therapy three times a week for six weeks for the lumbar spine. The rationale for treatment and request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Physical Therapy 3xwk x 6wks Lumbar spine:** Upheld

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

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

**Decision rationale:** MTUS Guidelines recommend physical therapy following certain specific lumbar surgical procedures. There is a lack of recent clinical documentation to indicate that the

injured worker has had or is scheduled for lumbar surgery. The surgical intervention for which the physical therapy is being requested is not indicated. The requesting physician did not include a recent, complete assessment with quantifiable documentation demonstrating the injured worker's functional deficits. Therefore the request is not medically necessary.