

<b>Case Number:</b>	CM14-0089525		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Alabama. 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 patient is a 59 year old female who was injured on 02/12/2009. The mechanism of injury is unknown. The patient underwent a lumbar fusion 12/02/2013. Prior medication history included Alprazolam, Oxycodone, Ambien, and Soma. She has received 24 sessions of physical therapy in the past and home exercise program. A physical therapy note dated 03/19/2014 states the patient presented with complaints of lumbar spine pain and reported her activities of daily living are limited secondary to the pain. She rated her pain as a 5/10 at worst and a 2/10 at best. A progress report dated 03/28/2014 indicates the patient presented with complaints of continued low back pain radiating to the left lower extremities. The objective findings on exam revealed no focal neuro deficits and sensation was intact. The patient is a diagnosed with status post lumbar surgery, anterior lumbar interbody fusion at L4-L5 with allograft, posterior spinal fusion with instrumentation L3-L5 and microdecompression at L4-L5. Prior utilization review dated 05/16/2014 states the request for Physical Therapy treatment to the lumbar spine for 8-18 sessions, 2-3 times per week for 4-6 weeks is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy treatment to the lumbar spine for 8-18 sessions, 2-3 times per week for 4-6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy

**Decision rationale:** The Official Disability Guidelines for low back physical therapy recommends 34 PT visits for patients with intervertebral disc disorders without myelopathy post-surgical treatment (fusion, after graft maturity)." In addition, it states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy." In this case, although the patient has had only 24 sessions of therapy as noted in PT note from 4/14/14, the formal assessment on follow up visit note on 3/28/14 does not document any functional improvement with physical therapy to indicate further necessity. In addition, the physical therapist clinical decision was that the patient was appropriate for home exercise program on note from 4/14/14. Therefore, based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.