

<b>Case Number:</b>	CM15-0009241		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old male who sustained an industrial injury on 08/10/11. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery on 06/11/14. Diagnostic studies are not addressed. In a progress note dated 10/16/14 the treating provider reports the plan of care as lumbar spine x-rays and postoperative physical therapy. The requested treatments include is physical therapy to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Post-Op Physical Therapy Sessions to the Lumbar Spine (2 times a week for 6 weeks):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

**Decision rationale:** The claimant sustained a work injury in August 2011 and underwent a lumbar spine fusion in June 2014. When seen, then been a 50% improvement since surgery. He had been able to discontinue pain medications. Physical examination findings included decreased range of motion. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The request is well within guideline recommendations and therefore medically necessary.