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| <b>Case Number:</b>   | CM15-0012783 |                              |            |
| <b>Date Assigned:</b> | 01/30/2015   | <b>Date of Injury:</b>       | 09/01/2011 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 12/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/22/2015 |

### 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44-year old female, who sustained an industrial injury on September 1, 2011. The diagnoses have included low back pain, status-post L5-S1 laminectomy and interbody fusion and low back pain. Treatment to date has included an L5-S1 laminectomy, pain medication, muscle relaxants, physical therapy, activity restrictions, rest, ice/heat therapy, a back brace, and regular follow up. Currently, the IW complains of back pain that has worsened since returning to work on light duty. Associated symptoms included terrible spasms, numbness, burning and cramping in the left leg. Motor strength was documented as normal with tenderness to touch along her paraspinal muscles as well as over the S1 joint. An x-ray of the lumbar spine revealed that fusion hardware was intact with no loosening of screws. On December 26, 2014, the Utilization Review decision modified the request for physical therapy visits three times per week for six weeks to approve an additional ten physical therapy visits, noting that the guidelines recommend up to 34 sessions of physical therapy. The decision documented that the worker had completed 24 sessions but had a recent increase in symptoms on return to work and physical therapy is approved to cover up to the recommendation of 34 visits. The MTUS Postsurgical Treatment Guidelines, ACOEM Guidelines and the ODG were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of additional physical therapy three times per week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Physical therapy (lumbar) guidelines

**Decision rationale:** The IW is status-post L5-S1 laminectomy and interbody fusion. She continues to have low back pain despite having completed 24 sessions of physical therapy. According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks for muscle pain while the ODG-TWC guidelines state that following lumbar fusion up to 34 sessions of therapy are indicated. Consequently based on the guidelines and my review of the provided records I believe that 10 further sessions of physical therapy are indicated at this time, however the full requested amount of 18 sessions is beyond the scope of the CA MTUS and ODG guidelines.