

<b>Case Number:</b>	CM15-0014281		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 was a 64 year old male, who sustained an industrial injury, October 4, 2013. The injured worker was diagnosed with lumbar spondylosis with myelopathy, lumbar stenosis and lumbar radiculitis/thoracic radiculitis. The injured worker previously received the following treatments of 6 physical therapy treatments, laminectomy/discectomy of L4 and L5 on April 14, 2014. The injured worker was still recovering from the surgery. The injured worker was taking Soma, Vicodin, Voltaren gel and diclofenac sodium. According to the progress note of December 16, 2014, the x-ray of the lumbar spine showed diffuse spondylosis with auto-fusion of L1-L2 and L2-L3 and anterior and lateral spurring with no listhesis and no instability. According to progress note of December 16, 2014, the injured workers chief complaint was low back pain with tightness and soreness with walking. On December 16, 2014, the primary treating physician requested continuation of physical therapy and work hardening program for the lumbar spine. According to the physical examination noted tenderness right lower lumbar paraspinal tenderness. The injured worker was having pain with prolonged walking and sitting. On January 16, 2015, the utilization review denied authorization for continuation of physical therapy and work hardening program for the lumbar spine. The utilization Reviewer referenced MTUS/ACOEM and ODG guidelines for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy (lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, 99 of 127.

**Decision rationale:** The injured employee's status post a lumbar spine laminectomy/discectomy at L4 - L5 on April 14, 2014. The California MTUS guidelines recommends up to 16 visits of physical therapy followed by home exercise for the injured employees low back pain. The attached medical record indicates that there has been participation in 20 visits of physical therapy as of November 25, 2014. There is also stated to be participation in a home exercise program. Considering the amount of postoperative physical therapy previously rendered, and no clear explanation for the need for further formal supervised PT vs home exercise program, this request for additional physical therapy for the lumbar spine is not medically necessary.

**Work Hardening Program (lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Admission to a Work Hardening Program Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program Page(s): 125 of 127.

**Decision rationale:** The California MTUS guidelines indicate that participation in a work hardening program includes that the injured employee reach a plateau with previous physical therapy. The attached medical record indicates that the injured employee was still making progress in physical therapy at time of discharge after 20 visits and there is current participation in a home exercise program. Considering this, the request for work hardening program for the lumbar spine is not medically necessary.