

<b>Case Number:</b>	CM15-0014922		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/16/2015
<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: 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 50 year old female, who sustained an industrial injury on 4/13/2012. The diagnoses have included status post lumbar decompression December 2013 and low back pain with lower extremity symptoms. Treatment to date has included chiropractic care, epidural blocks, surgical intervention and pain medications. According to the progress note dated 11/6/2014, the injured worker complained of low back pain with left lower extremity symptoms, 7/10 scale. The injured worker expressed concern in regards to no postoperative physical therapy to date. The injured worker complained of deconditioning. Activities of daily living were maintained with current medications. Objective findings revealed tenderness over the lumbar spine and limited range of motion with pain. Straight leg raise was positive on the left. Authorization was requested for postoperative physical therapy to the lumbar spine at three times per week for four weeks. The progress note dated 12/4/2014 notes that the injured worker had recent physical therapy to the lumbar spine, six sessions, which facilitated improved range of motion and improved tolerance to standing and walking. Authorization was requested for additional postoperative physical therapy to the lumbar spine. On 1/16/2015, Utilization Review (UR) non-certified a request for Additional Post-operative Physical Therapy Lumbar Spine 3 x 4 Weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-operative physical therapy lumbar spine 3 times a week for 4 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and underwent a lumbar decompression in December 2013. Treatments have included recent physical therapy with reported benefit. The requesting provider documents deconditioning as the reason for requesting additional therapy treatments. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy. The number of additional visits requested is in excess of that which would be considered necessary for treating deconditioning. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.