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| <b>Case Number:</b>   | CM15-0125501 |                              |            |
| <b>Date Assigned:</b> | 07/10/2015   | <b>Date of Injury:</b>       | 12/07/2010 |
| <b>Decision Date:</b> | 08/06/2015   | <b>UR Denial Date:</b>       | 06/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/29/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 43-year-old female with a December 7, 2010 date of injury. A progress note dated May 22, 2015 documents subjective complaints (lumbar spine pain much improved since surgical intervention; usual postoperative weakness and limited endurance), objective findings (tandem walking impaired; heel and toe walking impaired; antalgic gait; tenderness to palpation of the lumbar spine; decreased range of motion of the lumbar spine; tightness in the paraspinal region of the lumbar spine), and current diagnoses (status post lumbar fusion). Treatments to date have included medications, imaging studies, lumbar spine fusion, and physical therapy. The treating physician documented a plan of care that included additional physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for lumbar spine:** Upheld

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

**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) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the lumbar spine is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post lumbar fusion. According to the operative report, the injured worker underwent complete L5 laminectomy and bilateral medial facetectomies for decompression of thecal sac; transforaminal lumbar interbody fusion L5-S1 with placement of PEEK cage; bilateral pedicle screw and rod instrumentation L5-S1 using Sea Spine implants; and harvest right iliac crest graft. The date of injury is December 7, 2010. The request for authorization is May 27, 2015. The injured worker is status post surgery. A physical therapy progress note dated May 11, 2015 states the injured worker has ongoing pain 6/10. The injured worker has difficulty walking, sensory is intact, motor function is intact with overall improvement. There is no documentation demonstrating objective functional improvement. The treating provider states 9 sessions of physical therapy have been completed. According to a progress note, dated May 22, 2015 the treating provider states the injured worker is much improved. The injured worker requires less medication. The treating provider does not provide evidence of objective functional improvement although the injured worker has shown subjective improvement. The treating provider requested an additional 12 sessions of physical therapy. The guidelines allow 16 visits over eight weeks for post surgical treatment of laminectomy. Reportedly, the injured worker received 9 physical therapy sessions to date. There is no documentation demonstrating objective functional improvement. Additionally, there are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines-16 visits) is clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement with physical therapy to date, physical therapy three times per week times four weeks to the lumbar spine is not medically necessary.