

<b>Case Number:</b>	CM15-0024400		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

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 42 year old male, who sustained an industrial injury on October 30, 2012. The diagnoses have included spinal stenosis. A progress note dated December 17, 2014 provided the injured worker complains of low back pain. He had decompression and fusion of L4-5 and L5-S1. Physical exam reveals range of motion (ROM) 60 degrees flexion and 10 degrees extension. Follow up visit on January 28, 2015 is unchanged from December visit. On January 19, 2015 utilization review modified a request for additional physical therapy 2 times a week for 6 weeks for the lumbar spine. The Medical Treatment Utilization Schedule (MTUS) Physical Medicine guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 6, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 6 weeks for the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** The Code of Regulations, Title 8, state on pages 25-26 the following recommendation regarding lumbar post-operative physical therapy: As compared with no therapy, therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of therapy relative to massage, it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. (Erdogmus, 2007) Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):\*Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks\*Postsurgical physical medicine treatment period: 6 months\*Postsurgical treatment (arthroplasty): 26 visits over 16 weeks\*Postsurgical physical medicine treatment period: 6 months\*Postsurgical treatment (fusion): 34 visits over 16 weeks\*Postsurgical physical medicine treatment period: 6 monthsIn the case of this worker, there is documentation of lumbar fusion from L4-5 to L5-S1, which by MTUS guidelines warrants 34 visits post-operatively. There is documentation that an initial 16 sessions of PT was certified. A note from 1/16/15 documents the patient improving, and completing 12 out of 16 sessions at that juncture. The current request of an additional 12 sessions would total to 28 PT sessions, which is still within guidelines for a lumbar fusion and discectomy. Therefore, this request is medically necessary.