

<b>Case Number:</b>	CM15-0025385		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male, who sustained an industrial injury on August 12, 2013. The injured worker had reported a low back injury. The diagnoses have included peripheral neuritis, intervertebral disc disorder of the lumbar region with myelopathy and spinal stenosis of the lumbar region. Treatment to date has included pain medication, diagnostic testing, back brace and a lumbar right sided discectomy on December 9, 2014. Current documentation dated January 19, 2015 notes that the injured worker was doing well post-surgery with no new complaints. The injured worker had complained of low back pain with radiation down the right leg. He reported his leg pain and numbness had improved post-operatively. Physical examination of the lumbar spine revealed no redness, swelling, deformity or tenderness. Range of motion was normal. On February 4, 2015 Utilization Review non-certified a request for physical therapy sessions to the low back # 12. The MTUS, Postsurgical Treatment Guidelines, were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of physical therapy sessions to the low back # 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Low Back QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** This is a request for initial post-operative PT after lumbar decompression surgery. MTUS supports 16 visits over 8 weeks after such surgery or half those visits (8) as initial therapy. The records do not provide a rationale for exceeding these guidelines for initial post-op therapy. This request is not medically necessary.