

<b>Case Number:</b>	CM15-0040304		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	02/05/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: 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:

The injured worker is a 55 year old female, who sustained an industrial injury on February 5, 2011. The injured worker reported back pain. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), spondylolisthesis, degenerative scoliosis and lumbar fusion. Treatment to date has included physical therapy, epidural steroid injection and medications. Progress note dated January 5, 2015 the injured worker complains of back and left leg radicular pain rated 8/10. X-rays show intact hardware. Physical exam notes lumbar tenderness and decreased range of motion (ROM) due to pain. The plan is to continue medications and for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions (2 times 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG - Preface - Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicates that for low back fusion surgery, 34 visits of postsurgical physical therapy over 16 weeks are recommended. The postsurgical physical medicine treatment period is 6 months. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The agreed orthopedic medical evaluation report dated October 6, 2014 documented that interbody fusion and posterior fixation from L3-S1 was performed on January 9, 2014. After fusion was carried out, the patient received extensive post-operative rehabilitative treatments. Utilization review letter dated 12/22/14 certified 12 sessions of physical therapy for the lumbar spine. Physical therapy two times a week for six weeks (12) was requested 2/3/15. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The orthopedic progress report dated 1/5/15 did not document functional improvement with the twelve-session course of physical therapy that was certified on 12/22/14. Because no functional improvement with the 12/22/14 course of physical therapy was documented, the 2/3/15 request for 12 additional sessions of physical therapy is not supported by the medical records, MTUS, or ODG guidelines. Therefore, the request for 12 sessions of physical therapy is not medically necessary.