

<b>Case Number:</b>	CM15-0068607		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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 was a 61 year old male, who sustained an industrial injury, September 20, 2012. The injured workers right foot slipped off a step and the injured worker fell 4 feet landing on the extended right leg. The injured worker had immediate pain in the lower back and right buttocks. The injured worker previously received the following treatments 2 manual therapy sessions, 18 physical therapy sessions, Celebrex, facet block, epidural block, low back surgery, Norco, lumbar x-rays, lumbar MRI and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the right lower extremity. The injured worker was diagnosed with chronic low back pain, low back pain, lumbar disc pain, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar spondylosis and lumbar stenosis. According to progress note of March 25, 2015, the injured workers chief complaint was low back pain and left buttocks. The injured worker rated the pain at 5-6 out of 10; 0 being no pain and 10 pain being the worse pain. The left inguinal anterior left thigh pain was 8 out of 10. The injured worker was also having charley horse like pain and cramping in the upper aspect of both calves. The injured worker also complained of diffuse numbness over the bilateral aspect of the right lag below the knee. The physical exam noted increased lower back pain with range of motion. The deep tendon reflexes were absent at the knee and ankles bilaterally. The sensory exam noted diminished sensation to pinprick over the lateral aspect of the right calf and the dorsal and lateral aspects of the right foot. The treatment plan included physical therapy for lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 sessions to the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in September 2012 and underwent a lumbar fusion in August 2014. As of 03/04/15 he had completed 27 post-operative physical therapy treatments. When seen, he had ongoing pain. There was decreased and painful lumbar range of motion with decreased right lower extremity sensation and strength. He was sporadically attending therapy treatments. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The claimant has already completed treatments in excess of this recommendation. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.