

<b>Case Number:</b>	CM15-0070287		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Occupational 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 56 year old female, who sustained an industrial injury on 2/28/12. The injured worker was diagnosed as having lumbago and post fusion syndrome. Treatment to date has included spinal fusion, physical therapy, activity restrictions. Currently, the injured worker complains of intermittent back and left leg pain. Physical exam noted back pain with left straight leg raise, otherwise normal exam. The treatment plan is for 18 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (PT) 3 x 6, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** MTUS 2009 recommends up to 10 sessions of physical therapy for myalgia. The patient reportedly received 50+ sessions of physical therapy post-operatively after the fusion

in 2013. The treating physician reportedly requests additional physical therapy for core strengthening. The physical therapy note describes a lack of extension as the primary spinal limitation and does not provide any specific goals. Stated goals are vague and include items such as "improved ADLs." The only physical finding is a lack of 15 degrees extension. The number of therapy sessions already provided exceeds MTUS 2009 recommendations for the injury and post surgery. There are no specific goals for this patient which has a 3 year old injury. This request for additional physical therapy does not adhere to MTUS 2009 and there are no specific PT goals from the prior sessions. Therefore, the request for an additional 18 sessions is denied and is not medically necessary.