

<b>Case Number:</b>	CM15-0077062		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 is a 42 year old male, who sustained an industrial injury on August 3, 2011. The injured worker was diagnosed as having lumbar disc herniation, radiculopathy left leg and low back pain. Treatment and diagnostic studies to date have included surgery. A progress note dated January 6, 2015 the injured worker complains of low back and left leg pain. He reports pain is decreased since surgery. Physical exam notes well healed lumbar surgical scar and painful decreased lumbar range of motion (ROM). The plan includes physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of supervised physical therapy for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** The claimant sustained a work-related injury in August 2011 and underwent a discectomy and in October 2014 a lumbar fusion. He was seen in January 2015 for physical

therapy and has completed 8 treatments. When seen by the treating provider, his strength had improved and he had a 50% increase in range of motion. There was decreased lower extremity sensation. 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 request is consistent with guideline recommendations and therefore medically necessary.