

<b>Case Number:</b>	CM15-0079537		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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

### 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 52 year old male, who sustained an industrial injury on December 28, 2010. He reported low back pain. The injured worker was diagnosed as having disc degeneration of the lumbar spine, facet arthropathy, status post blocks and status post lumbar surgery. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported some improvement since surgery. Additional physical therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 4 weeks lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The patient was injured on 12/28/10 and presents with low back pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE. There is no RFA provided and the patient is working a regular duty. On 06/05/14, the patient underwent a posterior lumbar interbody fusion at L5-S1. The utilization review letter indicates that the patient had 76 physical therapy visits that were certified. There are no therapy notes provided for review. MTUS Chronic Pain Medical Treatment Guidelines page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient had a posterior lumbar interbody fusion on 06/05/14 and is now past the post-op time frame. Therefore, MTUS guidelines pages 98-99 were referred to. It appears that the patient has had prior physical therapy; however, there is no indication of when these sessions took place, how many sessions of therapy the patient had during post-op, or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 8 sessions of physical therapy to the sessions the patient has already had in the post-op time frame may exceed what is allowed by MTUS Guidelines. Therefore, the requested 8 sessions of physical therapy is not medically necessary.