

<b>Case Number:</b>	CM15-0090330		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/11/2002
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 58 year old female, who sustained an industrial injury on 1/11/2002. Diagnoses have not been provided. Treatment to date has included surgical intervention, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 4/08/2015, documentation states that the injured worker was doing extremely well status-post anterior and posterior spinal fusion L4-S1. X-rays showed solid fusion, no motion seen on flexion and extension. The plan of care included referral to physical therapy for postoperative rehabilitation and medication refills. Authorization was requested for post-op physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical Therapy Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back post-surgical, physical medicine Page(s): 25-26, 98-99.

**Decision rationale:** The patient was injured on 01/11/2002 and presents with pain in the right anterior thigh and is status post anterior/posterior spinal fusion, L4-S1 (10/20/14). The request is for POST-OP PHYSICAL THERAPY LUMBAR SPINE. There is no RFA provided, and the patient is temporarily disabled. MTUS Guidelines page 25-26 state that 34 visits over 16 weeks are recommended for an intervertebral disc disorder (fusion), with the post-surgical time frame of 6 months. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. On 10/20/14, the patient underwent an anterior and posterior fusion, L4-S1. The utilization review denial letter states that the patient "has been doing PT." However, there is no indication of when these sessions took place, how many sessions of therapy the patient, 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. The requested physical therapy is from the 04/08/15 treatment report which is still within the post-op time frame. However, additional post-op physical therapy cannot be warranted without knowing how many sessions of therapy the patient has already had and how these sessions impacted the patient's pain and function. Furthermore, the requested duration and frequency of the physical therapy is not known. MTUS Guidelines for physical therapy are based on the number of physical therapy sessions. Without specifying the total number of sessions, or duration and frequency of therapy, the request cannot be verified to be in accordance with MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.