

<b>Case Number:</b>	CM15-0096773		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 29-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 23, 2014. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine. The claims administrator stated that the applicant had undergone earlier lumbar decompression surgery at L5-S1 at an unspecified point in time. The Postsurgical Treatment Guidelines were referenced in the determination. The claims administrator did partially approve four of the eight treatments proposed. The date of surgery was not furnished. RFA form dated April 9, 2015 and associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of low back pain some nine weeks removed from earlier lumbar laminectomy-discectomy surgery at L5-S1. The applicant was using Neurontin for pain relief. The applicant still had residual radicular pain complaints with some weakness about the left great toe, it was suggested. Eight sessions of physical therapy, Neurontin, Norco, Flexeril, and Relafen were sought while the applicant was placed off of work for an additional six weeks. It was not stated how much prior physical therapy the applicant had had through that point in time. The applicant was again placed off of work via an earlier note dated March 12, 2015 status post earlier lumbar laminectomy-discectomy surgery. Twelve sessions of physical therapy were endorsed at this point in time. The applicant had apparently undergone a lumbar laminectomy-discectomy surgery on February 3, 2015, it was further noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, twice a week for four weeks:** Upheld

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

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

**Decision rationale:** No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier lumbar laminectomy-discectomy surgery of February 3, 2015 as of the date of the request, April 9, 2015. The applicant had apparently had 12 sessions of physical therapy approved through the date of the request, April 9, 2015. The eight-session course of therapy at issue, thus, by implication, if approved, would represent treatment in excess of the 16-session course recommended in the MTUS Postsurgical Treatment Guidelines following discectomy-laminectomy surgery, as apparently transpired here. MTUS 9792.24.3.c4 further stipulates that the frequency of visits shall be gradually reduced or discontinued as an applicant gains independence in management of symptoms and with achievement of functional goals. Here, the attending provider did not clearly state or clearly establish whether the applicant had or had not completed the 12 previously authorized treatments before a course of eight additional sessions of physical therapy were sought. The applicant's response to earlier treatment was not detailed. It was not clearly documented or clearly stated that the applicant had in fact completed the 12 previously authorized physical therapy treatments before the request for eight additional treatments was initiated. It was not clearly stated or clearly established why the frequency of treatment could not be reduced, as suggested in MTUS 9792.24.3.c4. Therefore, the request for eight additional sessions of postoperative physical therapy was not medically necessary.