

<b>Case Number:</b>	CM15-0098001		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 51 year old male, who sustained an industrial injury on 09/25/2004. He reported injuring his low back while working. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having lumbar disc displacement without myelopathy, post lumbar laminectomy syndrome, lumbar stenosis, and lumbosacral radiculitis. Treatment and diagnostics to date has included lumbar spine surgeries, physical therapy, lumbar brace, and medications. In a progress note dated 05/04/2015, the injured worker presented with complaints of low back and left lower extremity pain. Objective findings include healing lumbar wound with lumbar brace in place. The treating physician reported requesting authorization for physical therapy for the low back due to recommendations from the injured worker's surgeon.

### 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 8 weeks for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy; Postsurgical treatment (fusion): 34 visits over 16 weeks Postsurgical physical medicine treatment period: 6 months.

**Decision rationale:** MTUS Guidelines, post-operative therapy allow for 34 visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. The patient underwent L1-S1 fusion on 10/15/14, over 8 months ago, having completed unspecified post-operative PT sessions. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The patient has continued symptom complaints and disability without functional benefit, pain relief, or clinical improvement from the post-op PT visits rendered. Current request for an additional 18 visits was modified for 12 more session. The patient has past the rehabilitation period and should be independent with a home exercise program. The Physical therapy 2 times a week for 8 weeks for the low back is not medically necessary and appropriate.