

<b>Case Number:</b>	CM13-0033158		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female who reported a work-related injury on 01/28/2009 as result of a fall. Subsequently, the patient presents for treatment of the following diagnosis: lumbar spine discopathy. The clinical note dated 07/22/2013 reports the patient was seen under the care of [REDACTED] who recommended the patient undergo an L4-5 and L5-S1 posterior lumbar interbody fusion as the patient continued to present with right greater than left lower extremity pain symptoms with associated numbness and tingling. The provider documents the patient has exhausted lower levels of conservative treatment to include physical therapy, TENS unit, and medication regimen without resolve of her symptomatology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy for the lumbar spine (12 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence that the requested operative procedure to the patient's lumbar spine was in fact certified. There was no clinical documentation submitted for review evidencing

surgical interventions had in fact been performed to the patient's lumbar spine, the patient's course of postoperative treatment, or the patient's current physical exam findings. California MTUS, Postsurgical Treatment Guidelines support 16 visits over 8 weeks, specifically for discectomy postoperatively and 34 visits over 16 weeks postoperative to a fusion. Given the lack of documentation submitted for review evidencing whether or not in fact the patient had undergone surgical interventions and the patient's current clinical picture, the request for post-op physical therapy for the lumbar spine is not medically necessary or appropriate.