

<b>Case Number:</b>	CM13-0033161		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/23/1985
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/01/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/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 58 year old male who had a work injury dated 10/23/85. There is a diagnosis of lumbar spinal stenosis, L4 to L5 herniated nucleus pulposus, lumbar degenerative disc disease. The patient is status post Transforaminal lumbar interbody fusion decompression 10/4/12. There is a request for additional Lumbar Physical therapy, two to three (2-3) times per week times six (6) weeks, [twelve to eighteen (12-18) sessions. Per the documentation the patient actually had up to 34 postoperative PT sessions authorized but did not complete a majority of these visits. The documentation indicates that additional physical therapy was requested on 6/19/13 and subsequent review did recommend 12 sessions of PT. Lumbar MRI of 7/19/13 demonstrates facet arthropathy and disc desiccation. There is intact hardware L4-S 1 solid fusion. No other compressive lesions, although there are mild degenerative changes at some of the other levels. EMG/NCV of 7/26/13 demonstrates (R) lumbar polyradiculopathy of the (R) L4, L5 and S1 nerve roots. No acute denervation. Notable axonal polyneuropathy as well as (R) meralgia paresthetica. No new acute radiculopathy. An 8/14/13 physician supplemental report indicates that he has continued moderate to severe back pain with radicular leg pain in the right leg. He has numbness and weakness in the right leg down to the foot. Gait is normal. There is no evidence of myelopathy. He is able to heel and toe walk bilaterally. He is able to heel and toe raise bilaterally. Back flexion is 60 degrees, extension is 30 degrees, and side bending is 20 degrees in either direction. He has full painless passive range of motion of his hips, knees, and ankles. Neurologic: He has 5/5 muscle strength in his bilateral lower extremities of hip flexion, hip adduction, quadriceps, tibialis anterior, extensor hallucis longus, hip abduction, and gastroc/soleus. Sensation is decreased in the right first dorsal web space of the dorsal foot, otherwise his sensation is intact to light touch at all other nerve distributions bilaterally. He has

2+ dorsalis pedis pulses bilaterally. There is no evidence of Babinski. Negative straight leg raise bilaterally. Negative clonus.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ADDITIONAL PT 12-18 SESSIONS:** Upheld

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

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

**Decision rationale:** Additional Physical therapy, two to three (2-3) times per week times six (6) weeks, (12-18 sessions) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. Patient is beyond the postsurgical rehabilitation timeframe. The request exceeds the recommended number of visits. Furthermore, patient had 12 visits of therapy recently and the documentation does not indicate significant functional improvement. The patient should be well versed in a home exercise program. The request for additional physical therapy, two to three (2-3) times per week times six (6) weeks, 12-18 sessions) is not medically necessary.