

<b>Case Number:</b>	CM13-0036294		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 56-year-old male with a date of injury of September 29, 2011. The progress report dated August 03, 2013 by [REDACTED] indicates that the patient has a diagnosis of: Lumbar degenerative disk disease at L4-L5, Lumbar disk protrusion, Lumbar radiculopathy, and Lumbar stenosis. The patient continues with low back pain radiating to his legs with weakness and tingling in his lower extremities. The patient has not responded to conservative treatment including physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medications, and epidural injections. Physical exam findings included paraspinal muscular tenderness, decreased range of motion and weakness as well as decreased sensation in the lower extremities consistent with the disk degeneration, protrusion, and nerve root impingement shown on MRI. The request is made for authorization for posterior lumbar interbody fusion with instrumentation at the L4-L5 level as well as 6 to 12 weeks of physical therapy postoperatively. The Utilization Review letter dated September 18, 2013 indicated that the physical therapy request was denied as the surgery request was not deemed medically necessary at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Post operative Physical Therapy, three (3) times a week for four (4) weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back.

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

**Decision rationale:** This patient continues with low back pain radiating to his legs with weakness and tingling in his lower extremities. The patient was diagnosed with lumbar degenerative disk disease at L4-L5. MRI findings from August 12, 2013 showed disk desiccation with a 2-mm central and slightly left sided disk protrusion noted at the L4-L5 level, which flattens to the ventral aspect of the thecal sac and abuts but does not compress the emerging left L5 nerve root. The request for postoperative physical therapy was denied by Utilization Review as the request for surgery was denied. The progress report dated November 08, 2013 by [REDACTED] indicated that the patient had still not been authorized for surgery. According to the California MTUS, postsurgical treatment guidelines for spinal fusion in the lumbar spine, an initial course of physical therapy is recommended up to 17 visits. The request for 12 sessions of postoperative physical therapy appears to be within the guidelines. However, as the surgery has not been performed and continues to be denied by Utilization Review, it does not appear reasonable for this therapy to be medically necessary. Based on the MRI findings, ACOEM guidelines do not support the requested lumbar fusion. There is no instability, fracture, dislocation or spondylolisthesis. There is no evidence of radiculopathy either. Therefore the request for 12 sessions of Post operative Physical Therapy, three (3) times a week for four (4) weeks is not medically necessary and appropriate.