

<b>Case Number:</b>	CM13-0043296		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 and Rehabilitation 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 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 an employee of [REDACTED] and submitted a claim for lumbar intervertebral disc displacement without myelopathy and lumbar sprain associated with an industrial injury date of 07/02/2010. Treatment to date has included left-sided L3, L4, L5, S1 partial laminectomy on 06/27/2013, lumbar fusion at L4-L5 in 2003, physical therapy, aquatic therapy, and medications including Nucynta, Norco, Zofran, Lidoderm patch, and Celebrex. Utilization review from 10/02/2013 modified the request for post-operative physical therapy for the back x 12 visits into 4 visits of post-operative physical therapy because patient previously attended 12 therapy sessions and the recommended guidelines is a total of 16 visits postoperatively. Medical records from 2012 to 2013 were reviewed showing that patient complained of low back pain graded 6-7/10 in severity with radiation, numbness, and tingling sensation to the left lower leg down the foot. Medications alleviated the pain, however, with report of nausea and headache. Patient was only able to maintain sitting position for 15 minutes, and standing position for 10 minutes. Patient was only able to walk up to ½ block. Physical examination showed that posterior lumbar surgical site was clean, dry, and intact. Motor exam of lower extremities was limited by pain. Motor strength of tibialis anterior, external hallucis longus, ankle invertor/evertor, and plantarflexor was graded 5-/5 at left. Sensation was intact. MRI of the lumbar spine, dated 07/18/2011, revealed L4-L5 improvement in spinal stenosis; L3-L4 left paracentral protrusion; and L5-S1 small central to left paracentral protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE PHYSICAL THERAPY FOR THE BACK X12 VISITS:** Upheld

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

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

**Decision rationale:** According to page 26 of Post-Surgical Treatment Guidelines, Low Back Section, physical therapy of up to 16 visits over 8 weeks is recommended as post-surgical treatment for patients who underwent discectomy / laminectomy. In this case, patient had left-sided L3, L4, L5, S1 partial laminectomy on 06/27/2013. Medical records submitted and reviewed indicate that the patient already had 10 visits to physical therapy from 10/07/2013 to 11/19/2013. The present request of 12 visits thus exceeds the recommendation of total number of visits as stated in the guidelines above. There is no documentation regarding the necessity for additional therapy sessions. Therefore, the request for post-operative physical therapy for the back x 12 visits is not medically necessary and appropriate.