

<b>Case Number:</b>	CM13-0043714		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 underlying date of injury in this case is 09/11/2012. The patient's primary diagnosis is lumbosacral neuritis. Additional diagnoses include lumbar spondylolisthesis and a lumbar sprain. An operative note of 01/21/2013 describes a left L4-5 laminectomy with microdiscectomy, medial facetectomy, and foraminotomy. A followup note from the patient's treating physician of 10/21/2013 noted the patient was improving and had left lower extremity paresthesias which are intermittent but becoming rare. The patient had attended 4 physical therapy visits and was continuing to attend the therapy and was also performing a home exercise program in the interim. The patient was advanced to light-to-medium duty with a maximum lift of about 35 pounds. Review of physical therapy notes indicates as of 10/08/2013 the patient was seen for physical therapy #4. That note reviews the patient's history of a heart attack in February 2013 with ongoing residual numbness and tingling in the left L5 and S1 dermatome. A neurosurgeon followup note of 07/10/2013 reviews the patient's history of a left-sided L4-5 minimally invasive micro lumbar discectomy and notes that the patient had a prolonged hospital stay and developed pneumonia and was ultimately discharged and then within 2 months had a myocardial infarction requiring a stent and then the patient moved out of state. An initial physician review noted that the patient had only recently begun physical therapy and was noting benefit functionally. Therefore, in addition to the prior 6 visits which had been approved, that reviewer modified the current request for 6 additional visits rather than 12 additional visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**continued post operative Physical Therapy 3 times a week for 4 weeks to the lumbar spine:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The California Medical Treatment Utilization Schedule Postoperative Treatment Guidelines recommend status post discectomy 16 visits over 8 weeks of physical therapy with a postsurgical physical medicine treatment period of 6 months. The Medical Treatment Utilization Schedule section on Physical Medicine, page 99, recommends transition to an independent home rehabilitation program. This is a complex case in that the prior reviewer mentioned that the patient had a heart attack, but it is not clear that the effects of that myocardial infarction as well as the patient's immediate postoperative complications were considered in applying the guidelines. A prolonged postsurgical hospital stay followed by a subsequent myocardial infarction is an outlier situation given the resulting deconditioning which would delay progression to an independent home rehabilitation program and which would prolong the generally anticipated postoperative recovery period. Given this outlier situation, the request for continued postoperative therapy is medically necessary.