

<b>Case Number:</b>	CM13-0051341		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine, 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 60-year-old male who sustained a work-related injury on 9/28/11. He underwent an L4-5 decompression revision on 7/25/13. Subjective findings include low back and left knee/leg pain with numbness in the foot. Objective findings include moderate distress, ambulating with assistive device, tenderness to palpation over the lumbar spine, reduced range of motion, reduced quadriceps strength, and positive straight leg raise. Current diagnoses include status post revision L4-5 microdiscectomy, and treatment to date has been post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for additional postoperative physical therapy once a week for six weeks for the low back:** 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:** For the postoperative management of discectomy/laminectomy, the MTUS Postsurgical Treatment Guidelines support 16 physical therapy visits over eight weeks with a treatment period of six months. Within the medical information available for review, there is

documentation of a diagnosis of status post revision L4-5 microdiscectomy. In addition, there is documentation of a L4-5 decompression revision on 7/25/13 and previous post-op physical therapy sessions. However, there is no documentation of the number of post-operative physical therapy visits completed to date, and, if the number of treatments have already exceeded guidelines, a statement identifying why residual deficits cannot be resolved in the context of a home exercise program. Therefore, based on guidelines and a review of the evidence, the request for continued post-operative physical therapy is not medically necessary.