

<b>Case Number:</b>	CM13-0057896		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 is licensed to practice in Illinois. 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 California MTUS Guidelines state that the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a discectomy or laminectomy includes 16 visits over eight (8) weeks. The patient has completed an initial course of postoperative physical therapy, consisting of at least 12 sessions. There is no documentation of significant musculoskeletal or neurological deficits upon physical examination on the requesting date of September 18, 2013. The medical necessity has not been established. Additionally, the current request for 12 sessions of postoperative physical therapy for the lumbar spine exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for twelve (12) additional post-operative physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** The patient is a 25-year-old male who reported an injury on November 01, 2010. The mechanism of injury involved heavy lifting. The patient is diagnosed with chronic low back pain, partial lumbarization of S1, retrolisthesis at L5-S1, and status post left L5-S1 micro-decompression. The patient was seen by [REDACTED] on September 18, 2013. The patient reported significant improvement following a left L5-S1 micro-decompression on June 04, 2013. However, the patient reported continuous pain. The patient was actively participating in a physical therapy program. Physical examination revealed a healed lumbar incision with full strength and sensation. Treatment recommendations included 12 sessions of a conditioning program twice per week for six (6) weeks.