

<b>Case Number:</b>	CM13-0067209		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 has submitted a claim for lumbar spine disk protrusion associated with industrial injury date of July 10, 2001. Utilization review from December 12, 2013 denied the request for physical therapy 2 x 4 due to no documentation of new injury or home exercise program. The requests was modified to 6 sessions as a trial. Treatment to date has included oral pain medications, chiropractic treatment, lumbar spine diskectomy, and physical therapy. Medical records from 2013 were reviewed showing the patient undergo lumbar diskectomy on August 15, 2013. The patient underwent postoperative physical therapy. The patient was slowly improving with low back pain and leg pain. However, the patient experienced sudden low back pain in early December 2013. Physical exam demonstrated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** Postoperative physical therapy support for diskectomy/laminectomy is recommended at 16 visits over 8 weeks during the 6-month post surgical period according to the

Postsurgical Treatment Guidelines. In this case, the patient underwent discectomy in August 2013. However, the total number of visits the patient has completed for post-operative physical therapy was not indicated. Evidence of functional improvements were not documented in the progress notes such as increased ability to perform activities of daily living. The back pain experienced in December 2013 was not clearly described; the documentation sparse and did not describe any associated activity when the back pain occurred. Therefore, the request for physical therapy is not medically necessary and appropriate.

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** As stated on pages 303-304 of the ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient reported acute low back pain in December 2013. However, the description of the low back pain was not clear as the documentation was sparse. In addition, the physical exam did not demonstrate any neurological deficits. There were also no plain radiographs done after the acute low back pain and prior to requesting the MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary and appropriate.