

<b>Case Number:</b>	CM13-0067226		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	12/04/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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:

This patient is a 33 year old female with an industrial injury on 10/22/12. The patient is post L5-S1 microdiscectomy on 3/20/13 and has completed 18 prior post-op PT treatments. An MRI from 1/2/14 demonstrates 11mm extrusion of dehydrated disc at L5-S1 causing significant stenosis of canal and neural foramina noted. Disc lesion is mainly located on the left side of the canal, left lateral recess and neural foramen. Exam notes from 1/7/14 demonstrate patient feels worse and is complaining of left-sided low back and buttock pain rated 4-6/10. Pain associated with weakness in left leg, numbness in left buttock/groin area and cramping in left foot. Pain radiates to left hip, thigh, foot and toes. Manual muscle testing revealed 4/5 strength with flexion/extension and bilateral bend. The patient's range of motion is restricted due to pain. Diagnoses include lumbar myalgia, lumbar myospasm, and left-sided lumbar neuritis/radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional postop physical therapy 3x4 visits:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** In this case there is insufficient evidence of functional improvement with the patient's initial 18 visits. In addition the patient is past the 6 month period of post surgical treatment following lumbar microdiscectomy. Therefore the request for additional post-op physical therapy is not medically necessary and appropriate.