

<b>Case Number:</b>	CM13-0067629		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 injured worker is a 58-year-old who reported an injury on September 22, 2011. The mechanism of injury was not specifically stated. The current diagnosis is L3-4 and L4-5 stenosis with neurogenic claudication. The injured worker was evaluated on October 28, 2013. The injured worker reported persistent lower back pain with radiation into bilateral lower extremities. The injured worker also reported urinary retention. Physical examination revealed decreased lumbar range of motion, decreased sensation in the bilateral L4 and L5 distribution and positive straight leg raising. Treatment recommendations at that time included a decompressive laminectomy and foraminotomy with postoperative home health care and durable medical equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POSTOPERATIVE PHYSICAL THERAPY FOR LUMBAR SPINE X12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL GUIDELINES, 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25-26.

**Decision rationale:** The Post-Surgical Treatment Guidelines state 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 laminectomy includes sixteen visits over eight weeks. Therefore, the current request for twelve sessions of postoperative physical therapy for the lumbar spine exceeds guideline recommendations. The request for post-operative physical therapy for lumbar spine, twelve sessions, is not medically necessary or appropriate.