

<b>Case Number:</b>	CM14-0005665		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 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 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:

This 59 year old male correctional officer sustained bilateral hip and low back injuries on 6/20/12, when he fell out of his car. The patient underwent microscopic lumbar right L5/S1 discectomy and microscopic right L4/5 lumbar laminectomy on 8/1/13. Post-operative physical therapy was approved for 9 initial visits on 9/10/13. Physical therapy (PT) was initiated on 9/12/13. Records indicate that PT was subsequently authorized for 12 additional visits relative to the 10/21/13 request. The 10/30/13 PT daily note (visit #15) indicated that the patient was progressing, performing level 2 stabilization exercises. The patient remained limited in functional trunk mobility and activities of daily living. The 11/11/13 treating physician report cited continued lumbar spine discomfort and right leg numbness. Physical exam findings noted paraspinal tenderness to palpation, moderate loss of lumbar range of motion, and decreased right lateral thigh sensation. Additional PT 3x4 was requested. The patient remained off work. The 12/26/13 utilization review recommended modification of the request for 12 additional PT visits to 7 visits consistent with post-surgical guidelines, to a total of 16.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE LUMBAR SPINE, QTY: 12: Upheld**

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

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

**Decision rationale:** This 59 year old male correctional officer sustained bilateral hip and low back injuries on 6/20/12, when he fell out of his car. The patient underwent microscopic lumbar right L5/S1 discectomy and microscopic right L4/5 lumbar laminectomy on 8/1/13. Post-operative physical therapy was approved for 9 initial visits on 9/10/13. Physical therapy (PT) was initiated on 9/12/13. Records indicate that PT was subsequently authorized for 12 additional visits relative to the 10/21/13 request. The 10/30/13 PT daily note (visit #15) indicated that the patient was progressing, performing level 2 stabilization exercises. The patient remained limited in functional trunk mobility and activities of daily living. The 11/11/13 treating physician report cited continued lumbar spine discomfort and right leg numbness. Physical exam findings noted paraspinal tenderness to palpation, moderate loss of lumbar range of motion, and decreased right lateral thigh sensation. Additional PT 3x4 was requested. The patient remained off work. The 12/26/13 utilization review recommended modification of the request for 12 additional PT visits to 7 visits consistent with post-surgical guidelines, to a total of 16.