

<b>Case Number:</b>	CM14-0009444		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/07/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 is a 40-year-old male patient with a 5/7/11 date of injury. A 2/20/14 progress report indicates persistent low back pain and pain in the anterior and posterior thigh and knee. There is also radiating pain to the left knee, pertaining to the left toes. Physical exam demonstrates limited cervical range of motion, positive lumbar spasm, lumbar trigger points, tenderness of the bilateral SI joints, left lower extremity muscle weakness, antalgic gait. The patient is still complaining of pain in the lower back radiating to the left leg. Physical exam demonstrates left extensor hallucis longus weakness, positive straight leg raise test on the left. X-rays demonstrate spondylolyses at L5-S1. Treatment to date has included lumbar laminectomy, prolonged physical therapy, home transcutaneous electrical nerve stimulation (TENS) unit, medication, and activity modification. There is documentation of a previous 1/14/14 adverse determination because the patient has exceeded the recommended 16 postoperative PT visits following lumbar laminectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PHYSICAL THERAPY (2X6) LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physicia medicine.

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

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines state that 16 postoperative PT visits are recommended following a lumbar laminectomy. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. The proposed number of visits, in addition to the number of visits already completed, would exceed guideline recommendations. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Therefore, the request is not medically necessary.