

<b>Case Number:</b>	CM14-0100984		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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:

52-year-old claimant with reported industrial injury on November 23, 2011. The claimant is status post bilateral hemilaminectomy at L4 and superior portion of L5 as well as the left-sided L4-5 discectomy on January 9, 2014 physical therapy and aquatic notes from February 5, 2014 demonstrates 3 visits postoperatively of been completed. Operative report dated 3/4/2014 demonstrates a redo right-sided bilateral hemilaminectomy L4 and micro discectomy at L5. Progress notes dated 5/21/2014 demonstrates complaints of lower back pain into the left side as well as the sacroiliac joint. Examination demonstrates tenderness to palpation along the left side of the superior iliac crest and left sciatic notch with a positive Faber test. Diagnosis is made of disc herniation at L4-5 with bilateral lower extremity radiculopathy, left lower extremity weakness, and probable sub-acute and mild cauda equina syndrome, status post L4-5 laminectomy discectomy on 1/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY VISITS 2X6 TO THE LUMBAR SPINE:** 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 Page(s): 25-26.

**Decision rationale:** Per the CA MTUS/Post-Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks \*postsurgical physical medicine treatment period: 6 months. In this case the claimant there is insufficient evidence as to how many postoperative therapy visits have been completed. There is also lack of medical necessity per the submitted exam notes from 5/21/14 of functional improvement to support further visits. Therefore the request is not medically necessary.