

<b>Case Number:</b>	CM14-0108162		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with an injury date of 05/17/13. The 04/11/14 (pre surgery) progress report by [REDACTED] states that the patient presents with lower back pain, right lower extremity weakness, neck pain, and right upper back pain. There is diffuse tenderness to palpation of the lumbosacral region of the back. She is more tender on the right than the left. The patient describes generalized decreased sensation in the right lower leg and foot. She has signs of weakness on plantarflexion and dorsiflexion of the foot, as well as the extensor hallucis longus strength of the right compared to the left. The patient uses a cane to ambulate and her gate is antalgic. Per the 04/30/14 (post-surgery report), it is too premature to begin physical therapy. The 05/27/14 (post-surgery) report states the patient to be temporarily totally disabled for until 08/01/14. The 04/11/14 report is the most recent report that provides a diagnosis that predates the operative report. The 04/11/14 report states that the patient's diagnosis includes the following: Lumbosacral strain with exacerbation of right lower extremity radicular symptoms. The 04/14/14 operative report states that the patient's preoperative and postoperative diagnosis is Lumbar disk herniation L4-L5 of the right lumbar spinal stenosis. The following procedure is reported: Right-sided decompressive lumbar laminectomy with foraminotomy, facetomy and discectomy. The utilization review being challenged is dated 06/28/14. The rationale is that no reply was received to a 6/16/14 request for a current treatment report indicating physical and objective findings to support the request. The treater requests for 12 physical therapy sessions (2 x 6weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks # 12: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Disability Duration Guidelines.

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

**Decision rationale:** The patient presents with lower back pain with right lower extremity weakness. The treater requests for 12 physical therapy sessions (2x6 weeks). The patient is s/p (status post) lumbar surgery for decompression from 4/14/14. There is no indication in the reports provided that the patient received prior physical therapy. MTUS guidelines pages 25, 26 state: For Intervertebral disc disorders without myelopathy, postsurgical treatment (discectomy/laminectomy) allows 16 visits over 8 weeks. In this case, the requested therapy is to address the patient's recovery from lumbar surgery. The requested 12 sessions of therapy is within what is recommended by MTUS. Therefore, recommendation is that the request is medically necessary.