

<b>Case Number:</b>	CM14-0123395		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 & 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:

This patient is a 41 year old male with an injury date of 12/26/07. Based upon the 06/07/14 progress report by [REDACTED], this patient continues to report low back and bilateral leg pain. Lumbar/sacral exam of this patient by [REDACTED] reveals palpation and tenderness at L4-L5 with sciatic notch tenderness, and positive right and leg sitting straight leg raise. This patient also has decreased LLE strength and sensation. Reported problems noted by [REDACTED] are reported as: 1) Lumbar radiculopathy, 2) Degenerated disc disease; lumbar, and 3) Failed back surgery syndrome." This patient has a past medical history of depression and anxiety, and surgical history of anterior lumbar interbody fusion L5-S1 by [REDACTED] on 11/09/10 and removal of the dual octad spinal cord stimulator generator and hardware by [REDACTED] on 02/17/14. The utilization review being challenged is dated 07/17/14. The request is for post op physical therapy x 8. The requesting provider is [REDACTED] and he provided progress reports from 01/02/14 to 06/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy x8:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This patient continues to "report low back and bilateral leg pain." The physician requests post op physical therapy x 8. The patient is s/p lumbar hardware removal from 2/17/14. A review of the report doesn't mention any post-op therapy following this surgery. Although MTUS does not discuss post-op therapy for hardware removal, MTUS Physical Medicine guidelines, pages 98-99, allows for 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis, with fading of treatment frequency plus active self-directed home Physical Medicine. [REDACTED] 05/20/14 progress notes this patient has received "other treatment" since the 11/2010 surgery which included "PT, chiropractic, interlaminar epidural steroid injection," but there is no discussion or documentation the dates and number of therapy sessions completed. It does not appear that the patient has had any therapy following the hardware removal from 2/17/14 and a short course may be reasonable, therefore the request is medically necessary.