

<b>Case Number:</b>	CM14-0137731		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Texas. 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 injured worker is a 53-year-old male who reported an injury on 04/29/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included headaches, brachial neuritis or radiculitis, neck sprain/strain, lumbar disc protrusion, lumbar spinal stenosis, lumbar radiculopathy, and left elbow medial epicondylitis. The previous treatments included medication, physical therapy, and injections. Diagnostic testing included an MRI of the lumbar spine on 06/20/2014. Within the clinical note dated 07/11/2014, it was reported the injured worker complained of back pain and spasms. The injured worker had limitation of motion and the inability to sit or stand for a long time. He rated his low back pain 7/10 to 8/10 in severity and 9/10 in severity. Upon physical examination, the provider noted the lumbar spine had tenderness with spasms at L3 through the sacrum. The provider noted the injured worker had central tenderness and spasms overlying the facets. The provider noted active range of motion was flexion at 10 degrees and extension at 5 degrees. The injured worker had a straight leg raise test and tension signs were positive bilaterally. The provider recommended the injured worker to undergo an anterior/posterior decompression and fusion for instability at L4-5. The request submitted is for postoperative physical therapy 24 sessions to the lumbar spine. The Request for Authorization was submitted and dated 07/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 24 sessions to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for postoperative physical therapy 24 sessions to the lumbar spine is not medically necessary. The Postsurgical Treatment Guidelines note an initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine. Postsurgical treatment for fusion includes 34 visits over 16 weeks, with a postsurgical physical medicine treatment period of 6 months. The number of sessions requested exceeds the guideline recommendations of half the initial visits. Additionally, there is a lack of clinical documentation indicating the injured worker had undergone the requested surgery by the physician. Therefore, the medical necessity for postoperative physical therapy is not medically warranted.