

<b>Case Number:</b>	CM14-0164337		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Spine Surgeon 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 50-year-old female who reported an injury on 02/18/2009. The mechanism of injury was not provided. The medications were not provided. The injured worker underwent an L4-5 and L5-S1 Left Microdiscectomy surgery. The diagnostic studies included MRIs of the lumbar spine and x-rays. The request was made for an anterior to posterior fusion L4-5 and L5-S1 based on the injured worker's clinical presentation and MRI findings of instability. The surgical intervention however, was found to be not medically necessary. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Post OP Physical Therapy 2-x week for 6 weeks for the Lumbar Spine:** Upheld

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

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

**Decision rationale:** The California MTUS Associated Surgical Service: Postsurgical Treatment Guidelines indicate that the appropriate treatment post surgically for a fusion is 34 visits over 16

weeks and the initial course of therapy is half the number of recommended visits. The request would be supported for 17 visits, if the surgical intervention was medically necessary. The clinical documentation submitted for review indicated the surgical intervention was found to be not medically necessary. As such, the request for postoperative therapy would not be medically necessary. Given the above, the request for postoperative physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.