

<b>Case Number:</b>	CM14-0164773		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 57-year-old male with an 11/10/12 date of injury, and L5-S1 laminotomy and decompression on 4/29/14. At the time (9/10/14) of request for authorization for Additional post-operative physical therapy for the lumbar spine, 2 times a week for 4 weeks, there is documentation of subjective (left leg radiating pain with weakness) and objective (decreased sensory exam over L5 dermatome) findings, current diagnoses (lumbar spinal stenosis), and treatment to date (epidural steroid injections, 16 sessions of physical therapy, and medications). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy sessions completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post operative physical therapy for the lumbar spine, 2 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 25-26. Decision based on Non-MTUS Citation Post-surgical Treatment Guidelines; and Title 8, California Code of Regulations.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 16 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar spinal stenosis. In addition, there is documentation of status post L5-S1 laminotomy and decompression on 4/29/14 and 16 sessions of post-operative physical therapy sessions completed to date, which is the limit of guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy sessions completed to date. Furthermore, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for Additional post-operative physical therapy for the lumbar spine, 2 times a week for 4 weeks is not medically necessary.