

<b>Case Number:</b>	CM14-0173816		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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 26-year-old male who reported an injury on 03/08/2012. The mechanism of injury was not provided. The documentation indicated the injured worker underwent a laminectomy/microdiscectomy on 09/16/2013. The medications were not provided. The documentation of 06/18/2014 revealed that the injured worker had ongoing consistent symptoms. The pain was in the low back. The motor strength was 5/5 bilaterally. There were no sensory deficits. The injured worker underwent an MRI of the lumbar spine on 09/09/2013 which was prior to the surgical intervention. The diagnoses included lumbar disc displacement primary, stenosis of lumbar, and radiculopathy. The treatment plan included, as the injured worker had ongoing back pain and symptoms, the Request was made for lumbar spine physical therapy 2 times a week for 6 weeks for core strengthening. The documentation indicated the injured worker reported improvement with the previous 3 sessions of physical therapy that were authorized. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy 2xWk x 6 Wks for the Lumbar Spine: Upheld**

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

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

**Decision rationale:** The Postsurgical Treatment Guidelines were not applied, as the injured worker's surgical intervention was in 2013. As such, the chronic pain treatment guidelines were utilized for this request. The California MTUS Guidelines Chronic Pain Medical Treatment Guidelines indicate that physical medicine treatment is appropriate for radiculitis, myalgia, and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had 3 previous sessions. The injured worker would have undergone postoperative physical therapy. There was a lack of documentation of objective functional deficits to support the necessity for further therapy. There was a lack of documentation indicating objective findings to support the necessity for physical medicine. The injured worker should be well versed in a home exercise program. Given the above, the request for post-op physical therapy 2xwk x 6 wks. for the lumbar spine is not medically necessary.