

<b>Case Number:</b>	CM14-0021816		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Preventive Medicine and 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 45-year-old female with date of injury 01/10/2012. Per treating physician's report 11/15/2013, the patient has been taking 5 Norcos a day, Flexeril, omeprazole, Narcosoft that controls gastritis and constipation, and using topical cream. An operative report from 10/11/2013 showed L4-L5 post decompression and fusion with instrumentation. The patient was hospitalized for five days due to a fever and was treated with antibiotics. She is using rigid lumbar support. The patient reports lumbar spine pain at 5/10 to 6/10. No radiating symptoms down the lower extremity anymore. The listed diagnoses are: Left face contusion headaches, post closed head trauma concussion without the loss of consciousness, mild left temporomandibular joint, cervical spine sprain and bulging disks on MRI from 02/13/2013, left shoulder pain improvement, and lumbar sprain and left sciatica or retrolisthesis. Under treatment discussion, physical therapy is to be scheduled, and patient is to continue acupuncture, and continue medications. Operative report dated 10/11/2013 shows lumbar discectomy and fusion at L5-S1 with positive interbody fusion and cage insertion and posterolateral fusion with iliac crest bone graft. An MRI of the lumbar spine from 09/16/2013 showed right-sided foraminal stenosis at L4-L5, bilateral foraminal stenosis at L5-S1, mild left L3-L4, bilateral L4-L5, right L5-S1 lateral recess narrowing, laterally directed disk and osteophyte effacing the exiting right L5 nerve root in the extraforaminal zone, suggestion of bilateral L5 pars defects without associated listhesis. There is a 4-mm symmetric disk bulge with a central annular tear at L5-S1. The request for postoperative physical therapy 12 sessions were determined to be not medically necessary by utilization review letter dated 01/31/2014 indicated that since the patient was already approved for 12 sessions, the claimant should complete those visits and return to the provider for evaluation prior to requesting additional therapy. Postop acupuncture x6 sessions was medically

necessary. RFA is dated 01/27/2014. Written therapy reports from 01/24/2014 suggest physical therapy 3 times a week for 4 weeks. There is a progress report from 01/23/2014 by [REDACTED] which is written with check marks next to physical therapy 3 times a week for 4 weeks and acupuncture 2 times a week for 6 weeks. This report indicates the patient is doing much better after lumbar spine fusion, decreased pain, and increased mobility. He still has medications left over but rarely uses them. Patient has been cleared to start physical therapy, so "I will order postop Physical Therapy."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **POST-OPERATIVE PHYSICAL THERAPY 3X4 FOR THE LUMBAR SPINE:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** This patient presents with status post lumbar fusion at L5-S1. There is a request for physical therapy 3 times a week for 4 weeks per RFA dated 01/23/2014. A progress report from 01/23/2014 by treating physician suggests postoperative physical therapy and states that the patient has been cleared to start physical therapy. This request was found not medically necessary by utilization review on 01/31/2014 indicating that 12 sessions of postoperative therapy was already authorized. The MTUS Guidelines allow up to 34 sessions of postoperative physical therapy following a fusion surgery, but in this patients therapy report dated 01/24/2014 shows that the patient appears to have started physical therapy around this time frame. The requested treatment is from 01/23/2014 for 12 sessions of physical therapy. It does not appear that the patient started physical therapy yet as of this request. The request for Post-Operative Physical Therapy for the Lumbar Spine is medically necessary.

#### **POST-OPERATIVE ACUPUNCTURE 2X6 FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This patient presents with status post lumbar fusion at L5-S1. The request is for acupuncture 2 times a week for 6 weeks. Reviewed reports shows that the patient had 4 sessions of acupuncture per progress report 11/15/2013. However, there is no report on how the patient responded to acupuncture treatments. The MTUS Guidelines allow initial trial of 6 sessions and additional acupuncture sessions following this with documentation of pain and functional improvements. In this patient, despite the trial of 4 sessions of acupuncture per progress report 11/15/2013, there is no documentation of how the patient has responded from 4 sessions of acupuncture. This patient will also be undergoing postoperative physical therapy, and

there does not appear to be an indication for acupuncture treatments at this point. The request dated 01/23/2014 the patient was doing much better following fusion surgery, coming off the medications, and having overall less pain. The patient should participate in physical therapy but does not appear to have indications for acupuncture. The request for Post-Operative Acupuncture for the Lumber Spine is not medically necessary.