

<b>Case Number:</b>	CM14-0022112		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<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 Family Practice, and is licensed to practice in Tennessee, California, Florida, and Maine. 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 54 year old male whose date of injury is 10/16/12. He experienced severe low back pain while installing tires. A note dated 8/12/13 indicates that treatment to date includes medication management, physical therapy, chiropractic treatment, epidural steroid injection, and acupuncture. He was recommended to undergo left L4-5 and L5-S1 decompressive surgery. A progress note dated 8/13/13 indicates that the assessment is of chronic bilateral lumbar radiculopathy and chronic lumbar strain. He subsequently underwent left L4-5 and L5-S1 hemilaminotomy, discectomy, and foraminotomy on 9/10/13. A follow-up note dated 12/23/13 indicates that he has had some physical therapy. A follow-up note dated 2/3/14 indicates that he feels that his pain is reduced by about 50%. He is not taking any medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY TO THE LUMBAR SPINE X 12: 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 injured worker underwent left L4-5 and L5-S1 hemilaminotomy, discectomy and foraminotomy on 9/10/13. It is unclear how many sessions of postoperative physical therapy the injured worker has completed to date. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The California MTUS guidelines would only support up to 16 visits of physical therapy for the injured worker's diagnosis. Without the number of previously completed physical therapy sessions, it is unclear whether or not the additional sessions requested would exceed guideline limitations. As such, the request is not medically necessary.