

<b>Case Number:</b>	CM14-0034615		
<b>Date Assigned:</b>	03/20/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	03/19/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] Resorts employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; an MRI imaging of the lumbar spine of February 12, 2013, notable for a large 7 mm posterior disk protrusion at L4-L5 with associated moderate spinal canal stenosis. In a utilization review report of March 7, 2014, the claims administrator denied a request for two sessions of occupational therapy, citing a lack of supporting documentation. The claims administrator stated that there was no information on file to suggest that the applicant had in fact undergone the lumbar spine surgery in question. Now reviewed is an operative report of March 3, 2014, in which the applicant seemingly undergoes an L4-L5 decompressive laminectomy and bilateral foraminotomies with associated one level L4-L5 fusion. A three-day hospitalization is planned following the surgery in question. It was suggested on a preoperative visit that the applicant was working as a housekeeper up through the date of surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT post-op occupational therapy 1xWk x 2Wks for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 10.

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

**Decision rationale:** This request represents a first-time request for postoperative occupational therapy following lumbar fusion surgery. As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3, an overall course of 34 sessions of treatment are recommended following a lumbar fusion surgery, as transpired here. MTUS 9792.24.3.a2 further suggests that an initial course of therapy following the surgery represents one-half of the overall course of treatment for the specific surgery in question. Thus, the two-session course of occupational therapy proposed does conform to MTUS parameters. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.