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| <b>Case Number:</b>   | CM14-0036414 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 01/27/2012 |
| <b>Decision Date:</b> | 08/21/2014   | <b>UR Denial Date:</b>       | 03/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2014 |

### 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 Physical Medicine and Rehabilitation 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 is a 33-year-old male who sustained injury on 01/27/2012 while he was pulling a heavysset client and felt pain in the low back radiating to his lower extremities. Treatment history includes medication, physical therapy, acupuncture, facet injections, ESIs, and work restrictions. A mostrecent progress report dated 06/06/2014 indicates patient complained of low back pain radiating into bilateral lower extremity with numbness. He is no longer interested in lumbar spine surgery at this time. Objective findings include ambulation with single point cane, tender paraspinals with muscle guarding, limited range of motion; flexion 23/23/21, extension 13/15/14, RSD 12/13/14, and LSD 15/12/14, Positive SLR bilaterally. Decreased bilateral L/S dermatome, DTS 2+ bilateral lower extremity and left EHL 4/5 weakness, otherwise motor of 5/5 bilateral lower extremity. He was diagnosed with lumbar spine sprain/strain with bilateral lower extremity radiculopathy, 2 mm DP/stenosis L5-S1; facet osteoarthritis L2-S1; stress anxiety; and headaches. UR dated 03/05/2014 indicates the request for postop rehabilitation therapy of lumbar spine 3x4 was denied given that the associated surgical request was not substantiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Rehabilitative Therapy lumbar spine 3 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.

**Decision rationale:** MTUS guidelines allow for 16 to 34 visits over 6 month period for the post-surgical period. In this case, since the surgery has not been performed, the specific request for post rehabilitation therapy is not medically necessary and is not medically necessary.