

<b>Case Number:</b>	CM14-0038780		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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:

The injured worker is a 39-year-old male who reported an injury on 03/04/2013 due to a motor vehicle accident. The injured worker received medical attention after completing his work. The physician provided him with a back brace, a TENS unit, ordered physical therapy, and prescribed naproxen, Gabapentin, hydrocodone, and Protonix. The injured worker has received 6 sessions of physical therapy without any signs or symptoms of improvement. An MRI without contrast was performed on 08/23/2013. The MRI revealed large extruded discs at L4-5 with lumbar spinal canal stenosis at L4-5; and otherwise a normal lumbar spine MRI. On 02/13/2014, the injured worker underwent a lumbar epidural steroid injection at L5-S1 aided with fluoroscopy. Post-surgically, the injured worker went to the emergency room two times for pain. The injured worker also reported increased pain now at a scale of 9/10 on the pain scale, repeated falls, dizziness, and greater weakness to his bilateral lower extremities. The injured worker continues to have low back pain. On 03/12/2014, the physician assessed the injured worker postoperatively. A bilateral straight leg test was positive, as was the Patrick's test and facet loading test. Medications were refilled. The injured worker is now agreeing to have a discectomy/laminectomy performed at a later date. The physician is requesting physical medicine procedure, 24 postop physical therapy visits for the lumbar spine. The request for authorization form and rationale were not provided with this documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine procedure, twenty four (24) post-op physical therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Low back, Disc prosthesis.

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

**Decision rationale:** The request for physical medicine procedure, 24 post-op physical therapy visits for the lumbar spine is not medically necessary. The California MTUS Guidelines for postsurgical treatment for discectomy/laminectomy are for 16 visits over 8 weeks. The postsurgical physical medicine treatment period is for 6 months. The injured worker is still preoperative for this procedure. The number of visits exceeds the MTUS Guidelines for postsurgical treatment. As such, the request is not medically necessary.