

<b>Case Number:</b>	CM14-0041024		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 50-year-old male with a date of injury of March 29, 2012. Patient has chronic low back pain radiating to the buttocks. Physical examination reveals tenderness palpation of the lumbosacral junction. There is decreased sensation over the left L4 and L5 dermatomes. There is decreased strength in hip flexion and ankle dorsiflexion. MRI the lumbar spine shows moderate foraminal narrowing at L4-5 and L5-S1. Treatment to date include acupuncture physical therapy injections and activity modifications. At issue is whether lumbar surgery and other associated items a medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Physical Therapy x 16 to the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Postoperative physical therapy is not medically necessary. Specifically this patient does not meet any criteria for lumbar spine surgery. There is no documentation a progressive neurologic deficit that is clearly correlate with MRI imaging study showing compressing of nerve roots. The patient does not have any red flag indicators for spinal

decompressive surgery such as progressive neurologic deficit, tumor, or instability. Since lumbar neural decompressive surgery is not medically necessary, then postoperative physical therapy is not needed.

**Cold Therapy unit rental for 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Odc low back chapter.

**Decision rationale:** The medical literature does not document any evidence of improved outcomes after lumbar spine surgery using cold therapy postoperatively. Guidelines do not support the use of cold therapy postoperatively and lumbar spinal surgery. In addition, this patient surgery is not medically needed, therefore cold therapy unit is not necessary postoperatively.