

<b>Case Number:</b>	CM14-0041794		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 30 year-old patient sustained a low back injury on 11/6/12 when he bent over while employed by [REDACTED]. Request under consideration include POST-OPERATIVE PHYSICAL THERAPY, LUMBAR. Initial diagnosis was lumbar disc protrusion at L4-5 and left L5 radiculopathy. The patient received conservative care consisting of physical therapy and medications without improvement. The patient is s/p micro discectomy at L4-5 on 11/11/13. Report of 11/26/13 noted patient with significant improvement following discectomy; however, with noted numbness and tingling to left lower extremity as well as weakness in left lower extremity. Exam showed normal intrapatellar and Achilles reflexes; motor strength of 5/5 in all muscle groups; normal sensory on right and decreased on left; and straight leg negative bilaterally. Treatment includes post-op PT, Neurontin, and Norco. Report of 12/13/13 noted patient with soreness over incision sit and numbness in left lower extremity with pain rated at 5/10. No exam was provided. Report of 12/27/13 from the provider noted with radicular pain has essentially resolved; however with complaints of intermittent muscle spasms and left buttock pain. Exam showed focal tenderness in the left gluteal region; normal reflexes; negative SLR; motor 5/5 and sensation normal on right, decreased on left. Diagnoses include lumbar disc displacement with request for post-operative physical therapy to the lumbar spine. It was noted the patient had underwent 5 postoperative physical therapy visits to date; however, no PT progress notes were provided. The request for post-operative PT was non-certified on 2/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE PHYSICAL THERAPY, LUMBAR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PT FOR LUMBAR SPINE, GUIDELINES INTERVERTEBRAL DISC DISORDERS WITHOUT MYELOPATHY.

**Decision rationale:** This 30 year-old patient sustained a low back injury on 11/6/12 when he bent over while employed by [REDACTED]. Request under consideration include POST-OPERATIVE PHYSICAL THERAPY, LUMBAR. Initial diagnosis was lumbar disc protrusion at L4-5 and left L5 radiculopathy. The patient received conservative care consisting of physical therapy and medications without improvement. The patient is s/p micro discectomy at L4-5 on 11/11/13. Report of 11/26/13 noted patient with significant improvement following discectomy; however, with noted numbness and tingling to left lower extremity as well as weakness in left lower extremity. Report of 12/27/13 from the provider noted with radicular pain has essentially resolved; however with complaints of intermittent muscle spasms and left buttock pain. Exam showed focal tenderness in the left gluteal region; normal reflexes; negative SLR; motor 5/5 and sensation normal on right, decreased on left unchanged from report of 11/26/13. Diagnoses include lumbar disc displacement with request for post-operative physical therapy to the lumbar spine. It was noted the patient had underwent 5 postoperative physical therapy visits to date. Review of records indicated utilization report of 12/23/13 approving for 12 additional physical therapy visits to the lumbar spine. There are brief hand-written reports dated for January and February 2014 from physical therapist with unchanged symptoms, VAS pain level, and unchanged objective clinical findings. The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now almost 6 months without report of functional improvement from therapy treatment already rendered. It is also unclear how many total therapy visits have been completed and what improvement has resulted for treatment rendered. The POST-OPERATIVE PHYSICAL THERAPY, LUMBAR is not medically necessary and appropriate.