

<b>Case Number:</b>	CM14-0041807		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 57-year-old who sustained a low back injury on July 30, 2012. The patient is a smoker. Prior treatment includes medications, injections, heat therapy, lumbar brace, a TENS unit, acupuncture and the use of a cane. The patient is taking Vicodin and Hydrocodone and other medications for pain. An MRI lumbar spine showed grade 1 (one) spondylolisthesis at L4-L5. There is grade 1 (one) retrolisthesis at L5-S1. There degenerative changes from L2-S1 levels. The patient continues to have his chronic back pain despite conservative measures. Physical examination revealed tenderness to palpation lumbar spine. There is spasm of the lumbar spine. Straight leg raise is positive bilaterally. The Neurologic exam shows sensory deficits bilaterally at L4-L5 and S1. The motor strength is decreasing quadriceps tibialis anterior and gastronomies and EHL bilaterally. Lumbar laminectomy L1 to surgery has been recommended. At issue is whether physical therapy 24 sessions is 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 (24) SESSIONS:** Upheld

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

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

**Decision rationale:** This patient does not meet establish criteria for 24 sessions of postoperative physical therapy. The medical records indicate that L1-2 laminectomy surgery has been proposed. Guidelines suggest that postoperative physical therapy after laminectomy surgery should consist of 16 visits over 8 weeks; 24 visits are excessive and not recommended as per guidelines. A criterion does not support the use of 24 visits of postoperative physical therapy. Such as, Post Op Physical Therapy (24) Sessions is not medically necessary.