

<b>Case Number:</b>	CM14-0046670		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Surgeon 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 patient is a 38-year-old male who has submitted a claim for lumbago and lumbosacral neuritis associated with an industrial injury date of 08/13/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, graded 7/10 in severity, radiating to the left lower extremity. He reported having a great adherence to physical methods including exercise and healthy activity level (e.g. grocery shopping, light household work, cooking, bathing, and personal grooming) upon medication use. Physical examination of the lumbar spine showed tenderness and limited range of motion. Strength of left quadriceps was graded 5-/5, left extensor hallucis longus 4/5, and left ankle evertor graded 4/5. Sensation was diminished at the left L5 and S1 dermatomes and the straight leg test was positive for pain to the foot at 35 degrees. Treatment to date has included left lumbar decompression of the L4-L5 level with foraminotomy L5 nerve root and partial facetectomy; decompression of lateral recess on 11/04/2013; 9 sessions of physical therapy; home exercise program; and medications. Utilization review from 04/07/2014 denied the request for additional outpatient post-operative physical therapy three (3) times a week for four (4) weeks to the lumbar spine because there was no documented symptomatic and functional improvement from previous therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient post-operative physical therapy three (3) times a week for four (4) weeks to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines recommend physical therapy for 16 visits over 8 weeks for discectomy / laminectomy. In this case, patient underwent left lumbar decompression of the L4-L5 level, with foraminotomy L5 nerve root and partial facetectomy, and decompression of lateral recess on 11/04/2013. He completed 9 sessions of physical therapy resulting to symptom relief and improved range of motion. An extension of physical therapy visits is a reasonable treatment option at this time, given that the patient has residual weakness and limitation in activities of daily living. However, the request for 12 sessions will exceed guideline recommendation. There is no discussion concerning need for variance from the guidelines. Therefore, the request for additional outpatient post-operative physical therapy three (3) times a week for four (4) weeks to the lumbar spine is not medically necessary.