

<b>Case Number:</b>	CM14-0049106		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 reportedly was injured on 10/20/12 when her chair collapsed as she went to sit down. Per office visit note dated 09/09/13, the patient complained of low back pain and left leg radicular pain. She was treated with pain management and epidural steroid injections. She had physical therapy with only minimal improvement. On 10/16/13 the injured worker underwent L4-5 left sided decompressive laminotomy, followed by post-operative physical therapy. On 02/21/14, 12 more physical therapy visits were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Low Back 2 x week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3. Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** California Medical Treatment Utilization Schedule provides for up to 16 visits over 8 weeks postsurgical treatment following discectomy/laminectomy. The injured worker in this case participated in physical therapy prior to surgery, had completed 12 physical therapy visits following surgical intervention and was noted to have improved with treatment. There was no evidence of strength deficits in the lower extremities, and the injured worker had

full range of motion of the lumbar spine. Based on the clinical data provided for review, it appears that the injured worker has had adequate formal physical therapy and should be capable of continuing to progress with an independent, self-directed home exercise program. As such, the request for additional physical therapy for the low back 2 times a week for 6 weeks is not indicated as medically necessary.