

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0061156 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 03/05/2008 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 04/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/02/2014 |

### 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 is a 45 year old male who was injured on 03/05/08 when he slipped and fell. The injured worker is diagnosed with cervical spinal stenosis, herniated nucleus pulposus, and lumbar spine stenosis. The injured worker complains of low back pain which radiates to the bilateral buttocks, lower extremities and feet, more significantly on the right. Numbness and tingling in the right foot and toes are reported. Neck pain which radiates in to the left trapezial region and right shoulder blade also affect the injured worker. A magnetic resonance image of the lumbar spine dated 12/19/13 reveals a 3 mm disc protrusion at L4-5 with an annular tear identified in relation to the central posterior aspect of the disc with encroachment on the foramina which compromises the exiting nerve roots bilaterally. L5-S1 demonstrates a 4-5 mm disc protrusion with annular tear and encroachment on the epidural fat and on the foramina and bilateral acquired foraminal stenosis. The exiting nerve roots are compromised bilaterally at this level. Clinical note dated 02/07/14 notes the injured worker is awaiting authorization for a lumbar spine decompression surgery at L4-5 and L5-S1. Submitted records include a request for this procedure dated 04/10/14. A request for 12 postoperative physical therapy visits is also submitted on this dated. Utilization Review dated 04/18/14 modifies this request for a trial of eight postoperative physical therapy visits. This is a request for physical therapy twice per week for four weeks to total 8 visits. A lumbar decompression at L4-5 and L5-S1 is approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 4 weeks Total: 8 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 298-301, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The request for physical therapy twice per week for four weeks to total 8 visits is recommended as medically necessary. The injured worker has been approved to undergo a decompression surgery at L4-5 and L5-S1. This request is for post-operative physical therapy. California Medical Treatment Utilization Schedule supports postsurgical physical therapy in the amount of 16 visits over 8 weeks. Medical Treatment Utilization Schedule also recommends an initial trial of half of the fully recommended amount as an initial course of therapy. This request complies with guideline recommendations. As such, medical necessity of post-operative physical therapy at twice per week for four weeks to total 8 visits is established.