

<b>Case Number:</b>	CM14-0086184		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Neurological Surgery 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 records, presented for review indicate that this 61 year old female was reportedly injured on 11/6/2012. The mechanism of injury was noted as a fall. The most recent progress note dated 5/2/2014, indicated that there were ongoing complaints of headaches, neck pain and low back pain. The physical examination demonstrated cranial nerves one through twelve was grossly intact. Bilateral upper and lower muscle strength was 5/5 equal bilaterally. Deep tendon reflexes of the bilateral upper and lower extremities were 2+ equal bilaterally. No recent diagnostic studies are available for review. Previous treatment included previous lumbar fusion, physical therapy, injections and medications. A request was made for Postoperative Physical Therapy of the lumbar spine two times a week for six weeks #12 and was denied on 5/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy 2 times a week for 6 weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 740-742, Postsurgical Treatment Guidelines Page(s): 14-16.

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

**Decision rationale:** Postsurgical treatment guidelines do recommend Lumbar Physical Therapy after a laminectomy/discectomy. After reviewing the medical documentation, the utilization

review dated 5/12/2014, indicated the patient already completed 12 sessions of Physical Therapy. Therefore, the requested additional 12 visits exceeded the recommended postsurgical treatment guidelines of 16 visits over 8 weeks. There was no determination of any extenuating circumstances that necessitated additional therapy greater than 16 visits. Therefore, the request for Post-operative Physical Therapy 2 times a week for 6 weeks for Lumbar Spine is not medically necessary.