

<b>Case Number:</b>	CM14-0087765		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/24/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 38-year-old female with date of injury 02/24/2013. Per treating physician's report 05/06/2014, the patient continues to have quite a bit of pain which is not controlled with tramadol and would like to go back to narcotics, MRI is positive status post surgery T8-T9, excision of the disk with recurrent and persistent symptoms. Listed diagnoses are status post surgery on T8-T9, herniated disk, persistent symptoms. Recommendation was for core strengthening program and pain management, and the patient was given Norco 5. Return on 6 weeks. There is an operative report dated 11/27/2013 for minimal invasive T8-T9 discectomy using Medtronic Matrix System. 02/13/2014 report recommends postoperative therapy 8 sessions, updated MRI from 02/06/2014 showed recurrent disk protrusion at T8-T9. The patient continued to complain of pain on the thoracic region. 03/10/2014 report is handwritten and difficult to read. 04/09/2014 report indicates the patient is not better, continues to have same symptoms as before, and that the MRI obtained showed disk extrusion. The patient is not able to work, temporarily totally disabled, continue medications, will most likely require further surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Core strengthening program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (MTUS post-surgical Page(s): 25,26.

**Decision rationale:** This patient presents with chronic thoracic pain. The patient is status post discectomy at T8-T9 from 11/27/2013. The current request is for core strengthening program. Review of the reports shows that the patient has had some postoperative physical therapy, but none of the reports discuss outcome or how the patient responded. Review of the treating physician's multiple reports shows that the patient is not improving. There is a reference to 8 sessions of recommended physical therapy on 02/13/2014 for postoperative care. It is not known whether or not these sessions were actually provided. Included in the file were no physical therapy treatment reports. None of the treating physician's report discuss physical therapy treatment history or outcome either. MTUS Guidelines allow up to 16 sessions postoperative care following discectomy, laminectomy. Review of the operative reports shows that this was not a laminectomy, but a microdiscectomy. Up to 16 sessions of postoperative therapy would still appear reasonable. However, in this case, there has been no progress with treatments. The treating physician does not explain what additional therapies to accomplish. Core strengthening program is a routine part of conventional physical therapy and does not require separate authorization. Recommendation is for denial.

**Physical Therapy 3 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (MTUS post-surgical Page(s): 25,26.

**Decision rationale:** The current request for physical therapy 3 times a week for 4 weeks is accompanied with no progress report describing the patient's progress. The patient is status post microdiscectomy at T8-T9 from 11/27/2013. There is reference to a postoperative therapy 8 sessions per 02/13/2014 report. MTUS Guidelines allow up to 16 sessions of postoperative treatments following discectomy/laminectomy. It is not known how many treatments require following microdiscectomy. However, review of the reports does not show that the patient is likely to improve with additional physical therapy. The patient has made no progress with surgery, and there is no mention of any progress with postoperative physical therapy already provided. The request of additional physical therapy does not appear medically indicated. Recommendation is for denial.