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| Case Number: | CM14-0140160 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 08/17/2007 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 50-year-old male who sustained an industrial injury on 8/17/07. The 12/31/13 lumbar spine MRI impression documented multilevel lumbar degenerative changes. There was an L4/5 diffuse disc bulge and left foraminal disc herniation with severe spinal canal narrowing, significant ligamentum flavum hypertrophy, and left neuroforaminal narrowing. At L4/5, there was a combination of disc bulging, facet arthropathy and neuroforaminal narrowing. The 1/27/14 lumbar x-rays documented disc space narrowing at L5/S1 with facet hypertrophy bilaterally, and levoscoliosis. The 4/28/14 treating physician report cited low back pain radiating down both lower extremities to the calves, with tingling and weakness in the legs. Pain was reported 8-9/10. Physical exam documented positive straight leg raise bilaterally. The diagnosis was lumbar spinal stenosis, and recurrent stenosis at L4/5 and L5/S1. The treatment plan requested revision decompression and fusion L4-S1. Records indicated that post-op physical therapy was certified along with the surgical request. The injured worker underwent anterior lumbar interbody fusion at L5/S1 and revision laminectomy L4 to S1 with instrumentation surgery at L5/S1 on 5/6/14. The 7/14/14 treating physician report cited grade 9-10 /10 pain and stiffness status post lumbar spine surgery. Physical exam documented end range pain with flexion and extension, and paravertebral muscle tenderness bilaterally. Straight leg raise was positive bilaterally, greater on the left. A 7/24/14 request for post-op physical therapy was submitted. The 7/30/14 utilization review non-certified the request for post-op lumbar physical therapy. The rationale for non-certification indicated that the patient had been approved for

initial post-op physical therapy and the office indicated that physical therapy had not been initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy (Lumbar): 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: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. There is no documentation that the patient had initiated and completed the initial post-op physical therapy previously certified. There was no documentation as to the number of physical therapy visits provided or what, if any, objective measurable functional benefit had been achieved with therapy to date. In the absence of this documentation, the medical necessity of additional supervised physical therapy treatment over an independent home exercise program cannot be established. Therefore, this request is not medically necessary.