

<b>Case Number:</b>	CM14-0185097		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 32-year-old male who sustained an industrial injury on 10/17/13. Injury occurred relative to lifting a wiper blade weighing 50-60 pounds. He felt low back pain as he put it on the floor. The 12/23/13 lumbar spine MRI impression documented a right paramedian L4/5 focal disc protrusion with annular tear with varying degrees of central and foraminal stenosis. Records indicate that the MRI findings document the disc herniation to be at L5/S1. Conservative treatment had included acupuncture, physical therapy, epidural steroid injection, activity modification, and medications. The 9/24/14 treating physician report cited intermittent back and right leg pain. Current medications included Norco, naproxen, and muscle relaxant. Benefit was reported with Norco. He was not attending physical therapy. Physical exam documented mild limp secondary to right leg pain, and tenderness over the lumbar paraspinal muscles, right buttocks, and sciatic notch. Lumbar range of motion was mild to moderately restricted. Straight leg raise was positive on the right. There was normal strength, decreased sensation over the right L5 and S1 dermatomes, 2+ patellar reflexes, and 1+ Achilles reflexes. The diagnosis was right L5/S1 shoulder with radiculopathy. The treatment plan recommended a right microscopic hemilaminectomy and discectomy at L5/S1. The 10/22/14 utilization review non-certified the request for 8 initial post-op physical therapy visits as the associated spinal surgery was not found medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 8 Initial sessions of post-operative physical therapy with evaluation of the lumbar spine, twice a week for 4 weeks, as outpatient.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 discectomy/laminectomy suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. 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. This request is consistent with guideline recommendations for initial post-op care following the requested surgery. However, there is no documentation in the records that the associated surgery has been certified. Therefore, this request is not medically necessary.