

<b>Case Number:</b>	CM14-0187423		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgeon and is licensed to practice in Georgia and South Carolina. 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 reported an injury on 10/20/2012 due to an unspecified mechanism of injury. The diagnoses included right L5-S1 radiculopathy. Prior surgeries included bilateral discectomy at the L5-S1, dated 08/07/2014. The injured worker complained of significant lower back and right leg pain. Medications included Ultracet, Prilosec, and Pamelor 25 mg. Diagnostics were not provided. The objective findings, dated 09/22/2014, revealed the injured worker utilized a single point cane, reflexes were symmetric at the knees and ankles, and straight leg raise caused lower back and right leg pain. Decreased light touch sensation at the sole of right foot. Breakaway weakness at the right EHL and dorsiflexion. Prior treatments included 8 sessions of physical therapy and a modification for an additional 8 sessions for a total of 16 sessions of postoperative physical therapy. Rationale was not provided. The Request for Authorization, dated 11/17/2014, was submitted within the file. The plan was for an additional 24 visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT evaluation and PT x 24 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12 & 26.

**Decision rationale:** The request for PT evaluation and PT x 24 visits is not medically necessary. The California MTUS guidelines indicate if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. Postsurgical treatment for a discectomy/laminectomy is 16 visits over 8 weeks with a treatment period of 6 months. The documentation did not provide physical therapy notes for review. The documentation did not provide any functional pain level. Documentation also indicated that the provider was increasing his pain medication and added Norco. The guidelines allow for 16 visits. The request is for an additional 24 visits, which exceeds the recommended guidelines. The documentation was not evident of any special circumstances to warrant additional therapy. As such, the request is non-certified.