

<b>Case Number:</b>	CM14-0189142		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 37-year-old male who reported an injury on 08/08/2008. The mechanism of injury occurred when the injured worker subsequently fell through a roof. His prior surgeries included an endoscopic discectomy at the L4-5 performed in 12/2002, a revision endoscopic discectomy at the L4-5 that was performed on 07/2003, and a transforaminal lumbar interbody fusion (TLIF) at the L4-S1 that was performed in 10/08/2013. Other treatments included medication, acupuncture, home exercise, and an unknown amount of physical therapy. The diagnoses included chronic lower back pain with left sciatic pain secondary to multiple level lumbar disc degeneration, and muscle spasm pain. The medications included tramadol, gabapentin, Remeron, iodine, Prilosec, Norco, and Tizanidine. The physical examination dated 10/15/2014 of the bilateral lower limbs revealed a normal symmetrically, bulk and tone; palpable spasms to the muscle fullness from the L4-5 to the lumbosacral junction; well healed surgical scar was visible; range of motion to the lumbar spine with flexion at 20 degrees and extension at 10 degrees; palpation revealed 2+ tenderness of the L4-5 to the lumbosacral junction on the bilateral sides with multiple trigger points; straight leg raise was positive at 30 degrees on the left; facet loading maneuver providing extension with rotation causing pain to develop over the L5-S1 and the L4-5 facet joints bilaterally; and sensation was intact to light touch and pinprick throughout the lower extremities. The treatment plan included additional physical therapy. The Request for Authorization dated 11/20/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-op physical therapy sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** The request for 12 additional post-op physical therapy sessions for the lumbar spine is not medically necessary. The California MTUS indicates that general course of therapy means a number of visits and/or time intervals which shall be indicated for postsurgical treatment for a specific surgery and a postsurgical physical medicine treatment recommendation set forth. Postsurgical physical medicine period means the timeframe from the needed time postsurgical treatment rehab services beginning the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations. For all surgeries not covered by these guidelines, the postsurgical physical medicine period is 6 months. In the event the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued and it is determined that more visits are medically necessary, physical medicine treatment shall be provided within the postsurgical physical medicine period. The postsurgical treatment for a fusion is 34 visits over 16 weeks with postsurgical physical medicine treatment period of 6 months. The clinical notes indicated that the patient has had physical therapy; however, the provider did not indicate the number of visits that the patient has already received. The clinical notes did not provide a functional pain scale but indicate that the last surgery the patient had was in 10/2013. This is greater than a year postoperatively which exceeds the 6 months indicated by the guidelines. Therefore, the request is not medically necessary.