

<b>Case Number:</b>	CM14-0194314		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Surgery 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 26-year-old male who reported an injury on 03/08/2012. The mechanism of injury was not provided. Diagnoses included lumbar disc displacement, stenosis of the lumbar, and radiculopathy. Past treatments included medications, physical therapy, and surgery. Surgical history included lumbar spine surgery on 09/16/2013. In the clinical note dated 09/24/2014, the injured worker complained of pain in the lower back. The physical examination indicated 5/5 motor strength bilaterally and no sensory deficits. Current medications were not provided. The request was for postoperative physical therapy 2 times a week for 6 weeks for the lumbar spine. A rationale for the request was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associates Surgical Services: Post-Operative Physical Therapy 2 times a week for 6 weeks, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

**Decision rationale:** The request for associates' surgical services: postoperative physical therapy 2 times a week for 6 weeks, lumbar spine is not medically necessary. The California MTUS Postsurgical Treatment Guidelines recommend 16 visits over 8 weeks with a postsurgical physical medicine treatment period of 6 months. The medical records indicated the injured worker received lumbar spine surgery on 09/16/2013, which exceeds the 6 month limitation. Additionally, there lack of documentation that indicates the number of visits and efficacy of prior therapy. There is a lack of documentation indicating significant objective functional deficits to warrant additional visits of physical therapy. There is a lack of documentation indicating improved pain rating from physical therapy. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. Therefore, the request for associates surgical services: postoperative physical therapy 2 times a week for 6 weeks, lumbar spine is not medically necessary.