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| <b>Case Number:</b>   | CM14-0205775 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 01/21/2013 |
| <b>Decision Date:</b> | 02/10/2015   | <b>UR Denial Date:</b>       | 11/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/09/2014 |

### 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 and is licensed to practice in New York. 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 patient has a date of injury of January 21, 2012. The patient has chronic leg pain and chronic back pain. MRI lumbar spine from March 2013 shows facet hypertrophy at L4-5. There is grade 1 spondylolisthesis at L5-S1 causing foraminal narrowing. On physical examination the patient is weakness of the right dorsiflexors EHL and plantar flexes. Sensation is diminished in the bilateral L5 dermatomes. Straight leg raising is positive at 30. There is reduced range of motion of the back. MRI lumbar spine from March 2013 shows bilateral L5 fractures and grade 1 L5-S1 spondylolisthesis. X-ray show bilateral L5 pars defects with 5 mm of L5-S1 slippage. Neurophysiologic testing from February 2014 shows chronic L4, L5, and S1 radiculopathy. The patient has had a psychological evaluation in June 2014 and is now cleared for surgery. At issue is whether additional psychiatric evaluation and 24 postoperative physical therapy visits are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Psychological screening

**Decision rationale:** Official Disability Guidelines criteria indicate that psychological screening is recommended as an option prior to lumbar fusion surgery. However, the medical records indicate that this patient is early had a psychological evaluation performed on June 23, 2014. The psychological evaluation has cleared the patient for surgery. An additional psychological evaluation is not medically necessary since the patient had a previous psychological evaluation prior to lumbar fusion consideration. Therefore, this request is not medically necessary.

**Post-operative physical therapy x 24 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

**Decision rationale:** MTUS guidelines indicate that initial short course of postoperative physical therapy should be tried with documented evidence of functional improvement prior to authorizing additional postoperative physical therapy visits. 24 postoperative visits are excessive without additional documentation of improvement after physical therapy. MTUS guidelines do not support a front approval of 24 postoperative physical therapy visits after lumbar fusion surgery. Initial short course of physical therapy with documented improvement must be demonstrated. Therefore, this request is not medically necessary.